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## 类获得性免疫缺陷(阴性HIV)“患者”的流行病学

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Title: Epidemiological investigation of cases with complained AIDS-related complex (HIV negative)

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Keywords: HIV negative; AIDS-related complex; nontuberculosis mycobacteria; tuberculin skin test (PPD test); CD4<sup>+</sup> T lymphocyte; cystic fibrosis

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摘要: 目的 对社区类获得性免疫缺陷(AIDS)综合征(阴性HIV)“患者”进行病因探索。 方法 采用定性系统分析筛检国内外相关综合征报道病例,探索类AIDS综合征“患者”临床特征可能的聚类属性;通过现况调查掌握“患者”人群的一般特征和临床特征。 结果 定性系统分析显示,目前在世界范围,与类AIDS综合征(阴性HIV)“患者”相似的疾病有2种,即CD4<sup>+</sup>T淋巴细胞缺陷综合征(ICL)和非结核分枝杆菌感染(NTM感染);通过174例网络调查和52例现场观察,发现“患者”人群以男性为主,青、中年为主;在国内分布地区广泛;主诉症状涉及呼吸道、消化道、皮肤、肌肉、骨骼和神经系统;根据症状特点,病程有急性期和稳定期之分;群体症状及体征为:淋巴结部位肿胀感、骨痛、肌肉“跳”(痛)、淋巴结、皮肤结节(皮疹)、舌苔白厚、关节弹响、皮肤干燥;52例“患者”检测发现CD4<sup>+</sup>T淋巴细胞<500/ $\mu$ L 17例(32.69%)、CD4/CD8比值异常16例(30.77%)、干扰素- $\gamma$ 抗体阳性17例(36.69%)和PPD阳性39例(++~+++ , 75.00%);高危险性行为是可疑的暴露因素之一。 结论 类

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AIDS综合征（阴性HIV）“患者”现象不能完全用心理因素予以解释，其呈现的临床特征有明显的一致性和规律性，亟待开展深入研究进行分析。

**Abstract:** **Objective** To investigate the possible causes of AIDS-related complex (HIV negative) in community population. **Methods** Qualitative systematic analysis was used to screen the cases with AIDS-related complex (HIV negative) that had been reported. The possible clustering types of the clinical features of AIDS-related complex were explored based on a cross-section study that had been conducted to observe the personality and clinical features of the cases with AIDS-related complex. **Results** The qualitative systematic analysis suggested that the idiopathic CD4<sup>+</sup> T lymphocytopenia (ICL) and infection of nontuberculosis mycobacteria (NTM) had similar characteristics with AIDS-related complex (HIV negative). Through network investigation of 174 cases and field observation of 52 cases, the data showed that the AIDS-related complex population came from different areas of China, and was dominated by young and middle-aged male patients. The complained symptoms involved respiratory tract, gastrointestinal tract, skin, muscle, skeleton and nervous system. The clinical course could be divided into an acute period and a stable period. The special symptoms are swollen lymph nodes, snapping joint, osteodynia, muscle throbbing pain, skin nodules (rash), greasy tongue coating and dry skin. The CD4<sup>+</sup> T lymphocytes <500/ $\mu$ L (32.69%), the abnormal ratio of CD4/CD8 (30.77%), the positive antibody of IFN- $\gamma$  (36.69%) and positive PPD (++ to +++, 75.00%) were detected in the 52 cases, and high risk sexual behavior was a suspected exposure factor. **Conclusion** The AIDS-related complex (HIV negative) in population can not be completely explained by mental disorder. The clinical features have obvious consistency and regularity, and need further study to verify.

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