SUMMARY

BACKGROUND
Liver disease is now one of the most common causes of morbidity and mortality in HIV-infected patients, with an estimated two-thirds of HIV-infected patients presenting with liver dysfunction which may be due to viral hepatitis B and C co-infection, opportunistic infections or malignancies, antiretroviral drugs, and drugs for opportunistic infections. Due to the epidemic proportion of HIV infection in Nigeria, diseases of the liver are expected to be common findings. This study aimed at determining the presence of liver dysfunction in HIV-infected population in a tertiary health facility in the Niger Delta geopolitical zone of Nigeria.

MATERIALS AND METHOD
Study cases were randomly selected HIV-infected adults aged 18 years and above, with no known liver disease (that fulfilled the inclusion criteria) while the controls were non-HIV-infected patients with no known liver disease presenting at the medical outpatient clinics and the medical wards of UPTH.
Patients were evaluated clinically and by laboratory investigations which included hepatitis B surface antigen, hepatitis C antibodies, and liver function tests. Hematological parameters like packed cell volume, white cell count, CD4 T-cell count, erythrocyte sedimentation rate and platelet count were done. The total lymphocyte count was calculated from the white cell count. Abdominal ultrasound was done for all the patients studied (both cases and controls) to determine the liver disease pattern.

RESULTS

The mean age of cases was 35.97±9.77 years while that of the controls was 36.08±9.54 years. Based on the criteria for diagnosis, liver disease was present in 277 (75.3%) of the HIV-infected and 54 (14.7%) of the non-HIV-infected patients. This was statistically significant. The presence of HIV, HBsAg, anti-HCV, CD4 T-cells count of <200 cell/µL, low total lymphocyte count, were found to be associated with increased incidence of liver disease.

CONCLUSION
Liver disease is very common in HIV-infected population in Port Harcourt. The disease may be asymptomatic or mildly symptomatic in majority of cases and usually detected on laboratory investigation or by the aid of hepatic ultrasound.