

Mississippi child points HIV researchers in new direction

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“This case is teaching us more about the biology of HIV,” says Dr. Russell Van Dyke, professor and chief of the section of pediatric infectious diseases. Credit: Paula Burch-Celentano

(Medical Xpress)—Earlier this year, doctors at an infectious disease conference announced that a baby in rural Mississippi born with HIV had been "functionally cured" of the infection after receiving aggressive treatment immediately after birth. With such a result deemed to be virtually impossible only a few years ago, it's a development Tulane infectious disease expert Dr. Russell Van Dyke calls "extremely gratifying."

"It's nice to have an example like this because it gives us the basis for

asking the right questions going forward," says Van Dyke, professor and chief of the section of pediatric [infectious diseases](#) at the Tulane School of Medicine.

The "right questions," according to Van Dyke, revolve around the timeline of the infection and explore how early detection and treatment allow for the best scenario to stop a "long-term reservoir" of the virus from establishing in patients.

"This case is teaching us something about when [HIV infection](#) actually occurs," Van Dyke says. "If we can identify the infection early enough and treat it at that point, we might be able to interrupt the normal course of infection."

Van Dyke calls the circumstances in the Mississippi case "unusual." Although the baby had [HIV treatment](#) for 18 months, the mother stopped the therapy for five months. When the mother returned, doctors expected the amount of HIV in the baby's system to be elevated. Instead, they found none.

And while he is cautiously optimistic about this development, Van Dyke points out that this case is the exception right now as opposed to the rule. He adds that interrupting treatment could have [negative consequences](#) not worth the risk and that studies are currently planned to investigate this case further.

"We don't want the message getting out to parents that kids who have been treated from a young age may be cured, and they can stop the medicine. That would be the big mistake. That would be a problem."

Provided by Tulane University

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