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LAV-HTLV III INFECTION IN INFANTS AND CHILDREN

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The number of reported cases of AIDS in children reaches 200 in the USA and the 60 cases in Europe represent 2,8% of AIDS. More than 5 times these numbers correspond to other expression of LAV-HTLV-III infection. The main risk factor for children was transfusion of blood products and transmission of the virus from mother to child, firstly described in Haitian or Zairian families, now represents the highest risk factor in an infant born from drug addicted mother. Symptomatology is not very different in children as compared to that of adults. In infants, clinical symptoms frequently appear very early (4 to 6 months after the contamination and proportions of asymptomatic (very rare) and symptomatic forms, without (around 60%) severe immunodeficiency (ID) or with AIDS (around 30% are different from those of children and adults. The severity is mainly related to the frequency of neurological involvement due to a persistent LAV-HTLV III infection of brain leading to a progressive encephalopathy. The effect of the virus on the immune system is also more pronounced in infants. In a series of 25 patients, we observed that around 30% exhibited a defect of *in vitro* (proliferative response) and *in vivo* (delayed skin test reactivity) responses to antigens. This cellular ID together with a defective antibody production to vaccinal antigens and to p18, p25 core proteins of LAV-HTLV III appeared of prognosis value since already observed at time of first clinical symptoms. Furthermore, these parameters may serve for indication of preventive therapy by long term antibiotics and immunoglobulin substitution in patients with ID thus susceptible to infection. The high proportion of severe forms of LAV-HTLV III infection in infants and the modest effect of therapy tend to justify proposition of contraception and rise the delicate question of abortion at beginning of pregnancy for seropositive women.

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