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### THE CLINICAL LABORATORY IN THE DIAGNOSIS AND MANAGEMENT OF AIDS AND HTLV-III/LAV INFECTIONS

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Acquired immune deficiency syndrome (AIDS), the AIDS prodrome, HTLV-III/LAV chronic lymphadenopathy, and acute HTLV-III/LAV infection are encountered with increasing frequency in clinical practice. Essential points of the medical history include increased relative risk of contracting HTLV-III/LAV including a history of sexual contact and/or shared needle use with risk groups. Historical clues for AIDS should be sought as a component of the complete medical evaluation in endemic areas. The clinical laboratory provides information relative to differential diagnosis and prognosis and can be increasingly utilized in light of the evolving concepts of the pathogenesis of HTLV-III/LAV syndromes. The value of quantitative assessment of T-lymphocyte subpopulations (CD-4, CD-8 ratio) is under study in clinical and natural history studies. These tests can be useful in confirming the diagnosis in patients with AIDS prodrome (fever, weight loss) or AIDS presenting with unusual infections and in identifying potential candidates for clinical trials of immune modulators and antivirals. In patients with KS/AIDS relative preservation of T-subset numbers has been associated with better prognosis. Absolute CD-4 cell numbers and HTLV-III and LAV antibodies by ELISA and Western Blot have proved to be the clinical tests of most value. Elevations of absolute CD-8 number and reduced ratio only occur as an early finding in acute HTLV-III/LAV infection and may persist. The ratio alone has little value. Since false positive ELISA assays are more frequent in non-risk group members, confirmation by Western Blot should be performed if the result is not consistent with the medical history. Other immunologic and serologic tests, including quantitative immunoglobulin levels, CMV and EBV serologies, antigen and mitogen proliferative response, *in vitro* production of interferons and interleukins do not have proven diagnostic or prognostic value for the clinician and are costly. Thus with expansion of the epidemic, the general health practitioner encounters HTLV-III/LAV infection more frequently in differential diagnosis.

The cumulative data from prospective cohort studies coupled with ongoing education of health providers will lead to more cost-effective applications of technologies as well as increased accuracy in the interpretation of results to patients.

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