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## Hiv Case Diagnosed After Staff Injury

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### Abstract

Healthcare workers are at risk of being infected with blood-borne diseases as a result of occupational contact. Needle-stick and sharp injuries pose a significant health risk, especially in terms of blood-borne infections. Today, the number of cases infected with human immunodeficiency virus (HIV) is increasing. In this article, an unusual case of a patient who could not be diagnosed in routine processes, after his nurse was injured by a needlestick-sharp object, was diagnosed with HIV and had the opportunity for early treatment, will be presented.

A 45-year-old male patient was admitted to the Internal Medicine ward with complaints of fever, malaise, abdominal pain and weight loss for a week. Pancytopenia (wbc: 3.29, HB:9.72, plt:78.000), CRP:32.5mg/L, Sedim:66/h were found in the examinations performed during the five-day hospitalization period. In Lung CT, it was reported as "Multiple lymph nodes in the mediastinum, lymph nodes in both axillary pathological dimensions, lung pathology was not observed". There was no growth in blood and urine cultures. It was learned that during the hospitalization period, an Infectious Diseases consultation was not requested. Bone marrow biopsy was performed with the preliminary diagnosis of lymphoma, and the patient, who had no fever and could not be diagnosed in the follow-ups, was discharged to be followed up as an outpatient. During the discharge process, when the patient wanted to be given an antibiotic injection at the last moment, and under the pressure of the patient's relatives, the nurse was stressedly injecting and trying to close the cap, and a needle was stuck in her hand. Afterwards, our infection control nurse was informed according to the "Personnel Injury Procedure" routinely applied in our hospital. After informing the infectious diseases specialist, prophylactic antiretroviral treatment was quickly planned for our employee, and after the patient's Western blot confirmation test results were positive, he was referred to the Infectious Diseases clinic, which monitors HIV for treatment and follow-up. Anti-HIV test was found to be negative in our employee's one-month and 12-month control examinations. In addition to the protection of personnel working in health services from blood-borne diseases, what to do after injury are issues that must be known. After medical intervention, a risk assessment of the source and the exposed worker should be made and a follow-up/treatment program should be established. In addition, acute HIV infection should be considered in the etiology of fever. HIV infection can be easily missed if diagnostic tests are not made. In this patient, no diagnosis could be made in routine examinations, and thanks to the effective quality processes following the nurse's needle-stick and sharp injury, HIV transmission was prevented by early treatment to the healthcare worker, and the patient whose etiology could not be determined had the opportunity to be diagnosed with HIV and his treatment was planned.

**Keywords:** Staff Injury procedure, HIV infection, Late diagnosis

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