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Letters to the Editor

Adenoidal hypertrophy and HIV infection

In their interesting case report (in your January issue) the authors state that they have found no previous reports of symptomatic adenoidal hypertrophy in HIV infection.

We described three cases in a series of fifty-one HIV positive patients (Fairley *et al.*, 1988).

These patients were all in CDC Group III—persistent generalized lymphadenopathy—and it is likely that adenoidal hypertrophy is simply part of the generalized lymphoid tissue hypertrophy in this group.

Our three patients also had associated glue ear. Glue ear and Eustachian tube dysfunction was also seen in eight patients who had a chronic low grade sinusitis, and in two patients with Kaposi's sarcoma of the nasopharynx.

Adenoidal hypertrophy in an at-risk patient may present as nasal obstruction or with symptoms of glue ear. Either of these should suggest the possibility of HIV infection.

Yours faithfully,

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References

Fairley, J. W., Dhillon, R. S., Weller, I. D. V. (1988 Dec. 17). HIV, glue ear and adenoidal hypertrophy. *Lancet*, **ii:** 1422.

Hickey, S. A., Buckley, J. G., Macartney, J. C. (1990). Adenoidal hypertrophy as the presenting feature of HIV infection. *Journal of Laryngology and Otology*, **104:** 58–60 (January).

Dear Sir,

We welcome Mr Fairley's comments and thank him for drawing our attention to his letter in *The Lancet*. It is of interest that the three patients with gross adenoidal enlargement in his series presented principally with glue ear, rather than simply with syptomatic posterior nasal obstruction, as in the case we have reported. It is also of interest that his patients with adenoidal hypertrophy were all in CDC Group III—persistent generalized lymphadenopathy—at presentation. Our case was otherwise asymptomatic, with no other evident lymphadenopathy (thus falling into CDC Group II) and remained otherwise asymptomatic for a period in excess of one year. Sequential histological examination of the adenoid in our case failed to show the typical progression from follicular hyperplasia to germinal centre atrophy and lymphocyte depletion which is described in lymph nodes biopsies obtained in persistent generalized lymphadenopathy (Pileri *et al.* 1986). This suggests that adenoidal hypertrophy may, on occasion, predate the development of generalized adenopathy in HIV infection.

Yours faithfully,

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References

Pileri, S, Rivano, M. T., Raise, E., Gualandi, G., Gobbi, M., Martuzzi, M., Gritti, F. M., Gerdes, J. and Stein, H. (1986) 'The value of lymph node biopsy in patients with acquired immunodeficiency syndrome (AIDS) and the AIDS-related complex (ARC): a morphological and immunohistochemical study of 90 cases'. *Histopathology* **10:** 1107–1129.