



NWM2025

JOHANNESBURG, SOUTH AFRICA • 3-7 NOVEMBER 2025

Wednesday, 5 November 2025

Session 4

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Clinical Chin Scratchers: Navigating Common but Complex Clinical Conundrums

Speakers:

Dr. Rankin Kachingwe, Ms. Kholiwe Mbhamali, Dr. Kelvin Jobo, Dr. Ludo Molwantwa, Dr. Laone Tshweneetsile

Moderators:

Dr. Jacob Todd, Dr. Miriam Abadie, Dr. Teresa Steffy, Dr. Elizabeth Maidl, Dr. Alia Fikry



Case 1: Pathological Femoral Fractures in an Adolescent on Tenofovir Disoproxil Fumarate-Based Regimen



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Pathological Femoral Fractures in an Adolescent on Standard ART

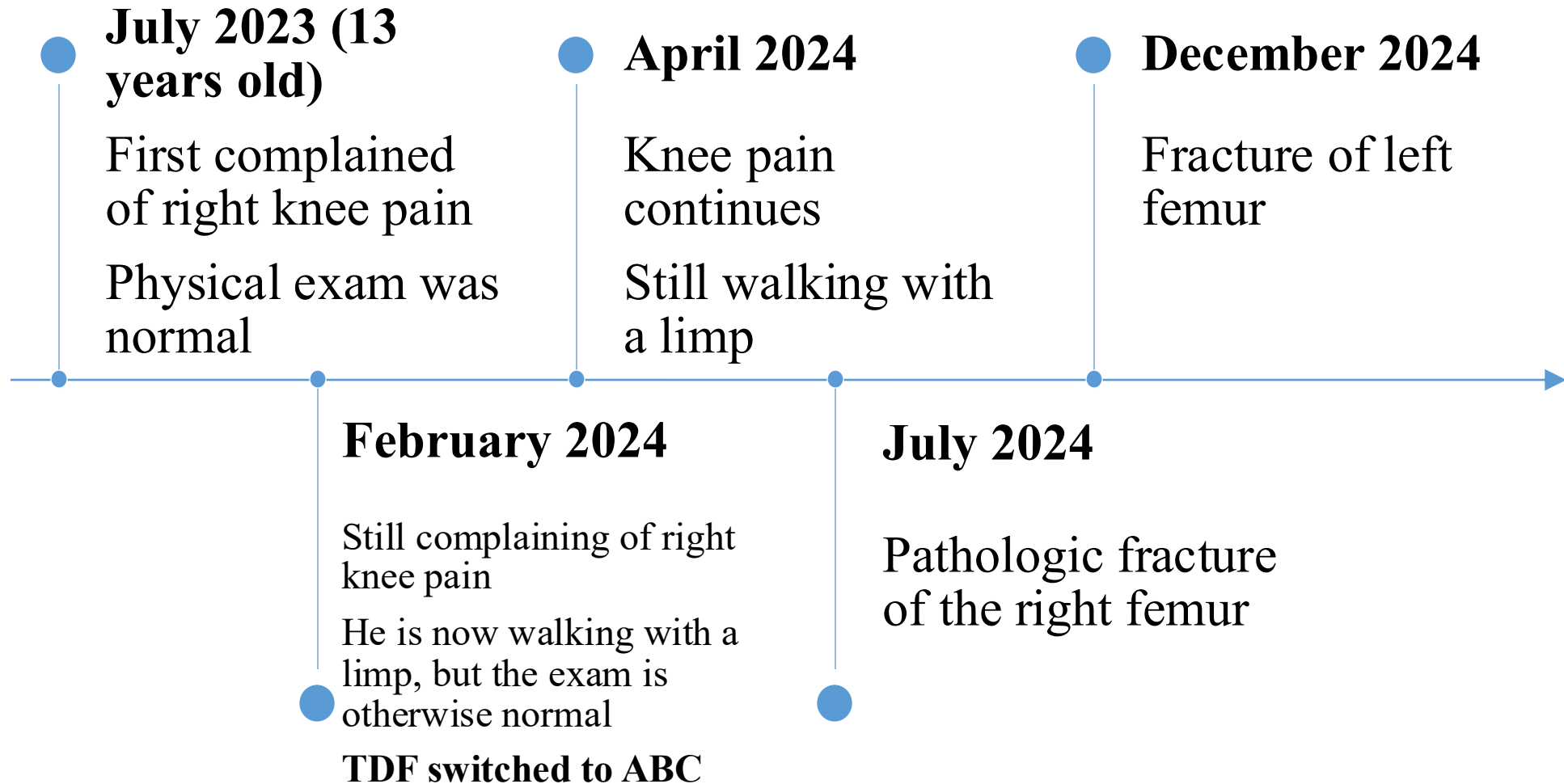
Rankin Kachingwe



Patient Profile

- 15-year-old male
- Perinatally acquired HIV
- On ART since he was 2 years old
- Switched to TDF/3TC-based regimen in 2020
- Good virologic control

Clinical Course



Clinical Course

Both legs healed well with casting. Pain improved gradually over the subsequent months.

Diagnostics:

DEXA scan – z-scores ranged from -3.9 to -7.0 – Extremely low

Creatinine 1.9 mg/dL - elevated

Urea – 70.5 mg/dL- elevated

Calcium – 9.1 mg/dL - normal

Phosphorus – 19.8 mg/dL – very elevated

PTH – 63 pg/dL – high end of normal

Vitamin D – 6 ng/dL – very low

Started on high doses of vitamin D and Calcium

Management & Challenges

Management

- ART changed (TDF stopped)
- Calcium + Vitamin D3
- Single bisphosphonate (ibandronate)
- Cast immobilization of fractures

Challenges

- Limited access to DEXA and labs
- Difficult to distinguish pain from TDF bone toxicity and other more common causes
- Unable to monitor bone density in adolescents on TDF
- Bisphosphonates are scarce
- Calcium and vitamin D are available, but typically low doses and few formulations
- Resource constraints for follow-up and communication with other specialists

Key Lessons & Take-Home

- TDF can cause severe bone toxicity even in adolescents
- It is difficult to determine the cause of persistent MSK pain in an adolescent on TDF
- Fanconi syndrome or kidney dysfunction can be associated with TDF bone toxicity
- Routine bone health monitoring or ART alternatives should be available
- Pediatric-specific ART toxicity guidelines should be improved
- TDF related pathologic fractures can occur months after stopping the medication
- Recovery can be slow

Teaching points: Case 1: Pathological Femoral Fractures in an Adolescent on Tenofovir Disoproxil Fumarate-Based Regimen

Case 2: Depression Presenting as Recurrent Psychosomatic Collapse in a Young Woman Living with HIV



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Depression Presenting as Recurrent Psychosomatic Collapse in a Young Woman Living with HIV

Presenter: Kholiwe Mbhamali,

Co authors: Nkosibonile Nkambule , Wonder Nxumalo ,
Thembele Mavuso, Lindo Mpulubusi.



Patient Profile

- 23-year-old Female
- with perinatally acquired HIV
- On ART since 27/05/2010
- Viral load- Undetectable (18/02/2025)

Presenting symptoms and Vital signs

- Brought to clinic on June 6, 2025(Friday), after collapse at work
- Arrived at the clinic in a wheel-chair , slumped but alert
- Oxygen Saturation 99-100%
- Weight 60kg
- Blood pressure- 106/68mmHg
- Temperature: 36.1 degrees Celsius
- Pulse : 72 b/min



Physical Examination:

- Alert but slumped forward in wheelchair
- Gasping for air
- On auscultation :
 - Clear lungs
 - No respiratory distress noted.
 - Good air movement
 - No wheezes
 - Heart rate regular, no murmurs



Diagnostic History:

- This Marked the third visit she had come to the clinic with similar symptoms.
- During a prior visit on March 31, 2025 (Friday), she had reported dizziness and shortness of breath following dust exposure at work
- Condition was managed as an asthma exacerbation.
- The pattern of repeated presentations in the absence of clinical findings raised suspicion of a psychosomatic origin



Management and Findings:

- A referral to the psychosocial team was initiated
- Mental health screening using the Patient Health Questionnaire-9 (PHQ-9) was done.
- patient scored 19, which is interpreted as moderately severe depression.
- On probing Psychosocial stressors she mentioned were:
 - Financial hardship
 - Strained family relationships
 - Internship pressure
 - Recent move from family home to renting her own apartment
- Patient was initiated on antidepressants, SSRI (fluoxetine 20mg OD* 1/12)
- Psychotherapy sessions ongoing

Score	Depression Severity
0-4	Minimal
5-9	Mild
10-14	Moderate
15-19	Moderately severe
20-27	Severe

Discussions:

- Depression can manifest as recurrent psychosomatic symptoms.
- Which can lead to misdiagnosis or unnecessary medical interventions
- Use of validated tools (PHQ-9) aids accurate diagnosis.
- Interdisciplinary collaboration ensures holistic management
- Viral suppression, good adherence to treatment does not indicate good well-being
- The recurrence of symptoms specifically on Fridays may
- Reflects subconscious pattern related to weekend stress or loneliness response



Conclusion:

- Viral suppression alone does not ensure holistic health in ADYLHIV.
- Health providers must remain vigilant for mental health symptoms disguised as physical complaints.
- Consider mental health in recurrent unexplained physical complaints.
- Routine mental health screening is vital for young adults living with HIV.
- Nurse-led psychosocial support and integrated mental health services is essential in clinical care.
- Mental health screening tool e.g. (PHQ9 tool) are essential in HIV care.
- Addressing both biomedical and psychosocial needs promotes holistic wellbeing.



Teaching points: Case 2: Depression Presenting as Recurrent Psychosomatic Collapse in a Young Woman Living with HIV

Case 3: A Child Living with HIV in Malawi with Renal Failure



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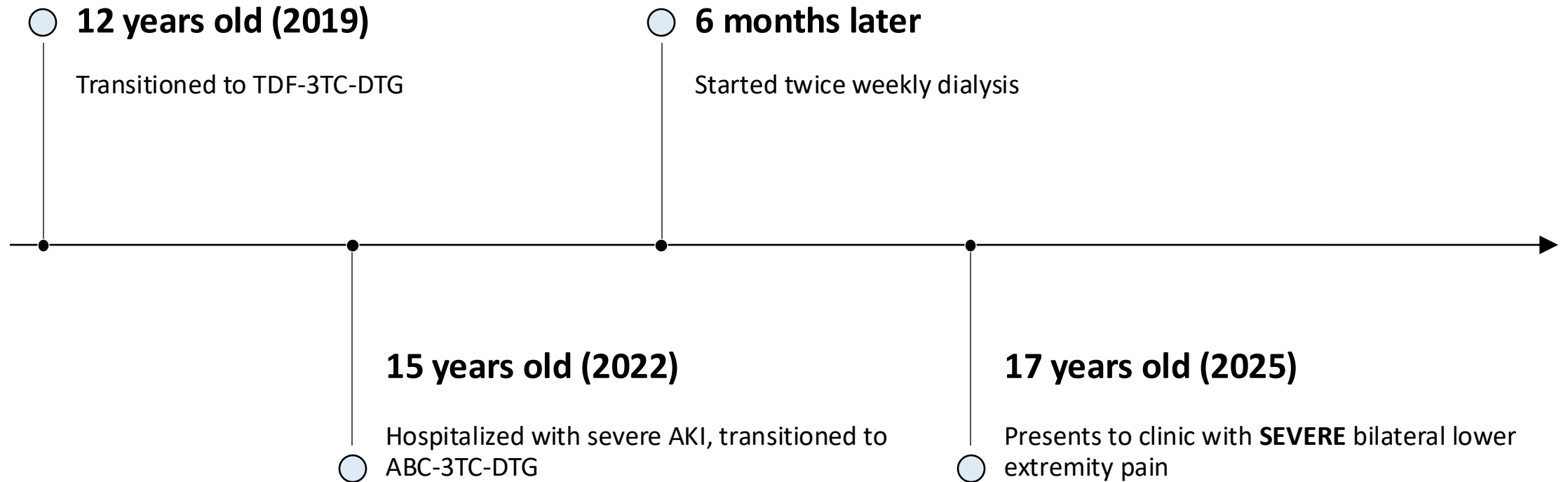
A Child Living with HIV in Malawi with Renal Failure

Kelvin Jobo

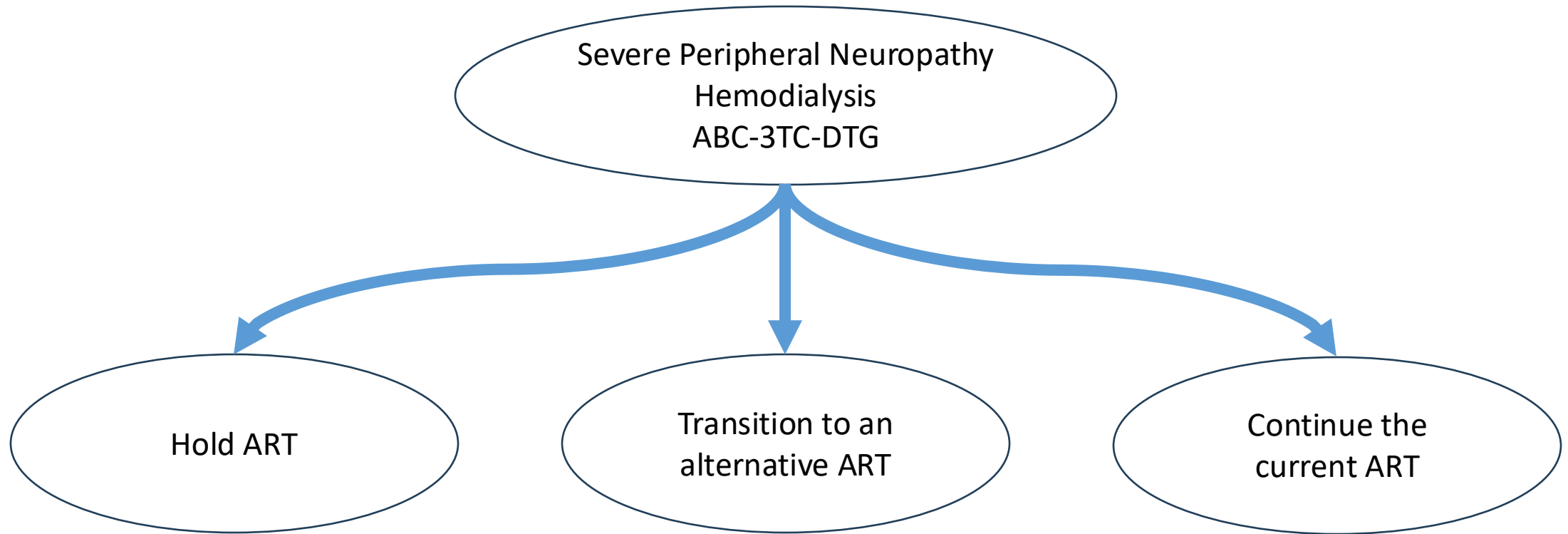


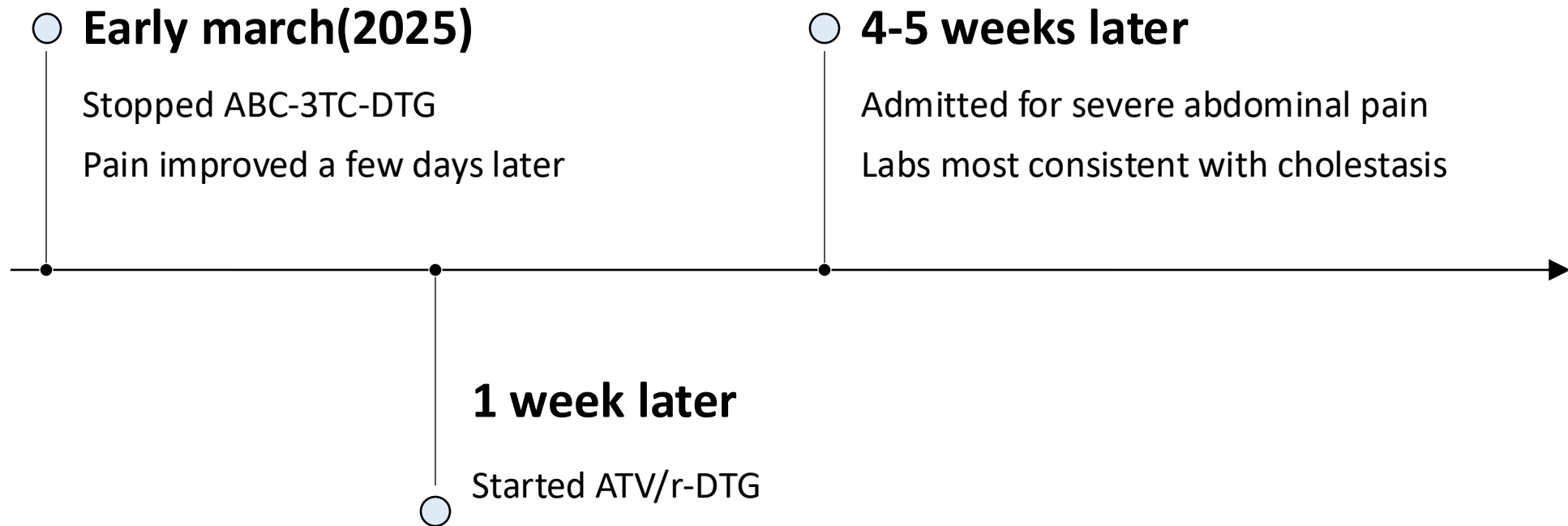
Pt profile:

- 17-year-old girl living with HIV in Malawi
- On ART since age 5; consistently virologically suppressed
- Switched to TDF-based regimen at age 12 (2019)

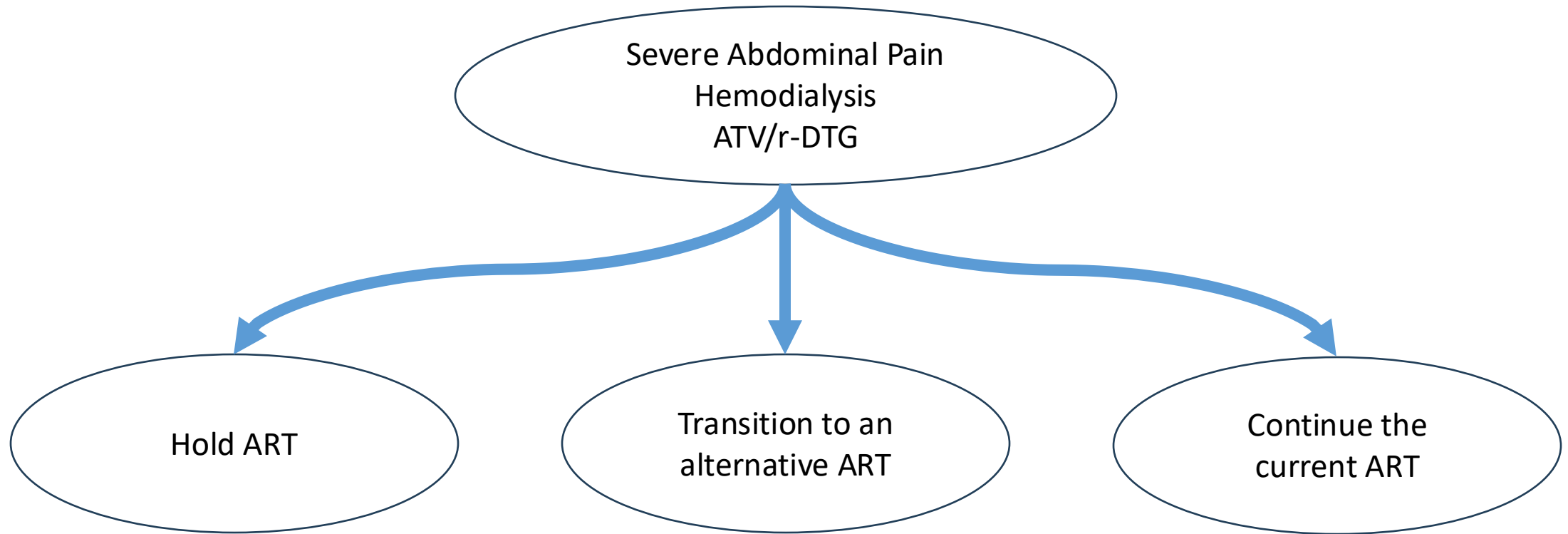


WHAT SHOULD WE DO?





WHAT SHOULD WE DO?



The Core Question

How should we balance the goals of virologic suppression, life prolongation, and quality of life, especially in patients with limited ART tolerability, terminal illness, and constrained therapeutic options?

Teaching points: Case 3: A Child Living with HIV in Malawi with Renal Failure

Case 4: Five-Month-Old Female Infant with Severe Pneumonia Requiring Ventilatory Support



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Failure to Thrive and Severe Pneumonia requiring Ventilation

Dr. Ludo Molwantwa



Agenda

1. Present a clinical case scenario
2. Discuss the take home messages

Failure to Thrive and Severe Pneumonia Requiring Ventilation

Category: Nutrition Across the Spectrum

- A five-month-old female infant was admitted with severe pneumonia requiring ventilatory support.
- Born to a HIV negative, 20-year-old, unemployed and out of school mother, who tested negative during pregnancy and at the third trimester before delivery.
- Delivery hx: SVD, 36/40, birth weight: 3.51 kilograms (+2 SD), length: 53 centimeters (cm) (+2 SD) and a head circumference on 35 cm (+2 SD)
- She was breast fed for 3 months then switched to formula milk.
- Her immunizations were up to date
- Developmentally appropriate milestones for her age.
- Her weight for age, however, had been trending downwards since birth and was now at the -2 SD, MUAC of 10cm.
- There was no improvement following antibiotics.

Failure to Thrive and Severe Pneumonia Requiring Ventilation

Category: Nutrition Across the Spectrum

- A Computerized Tomography (CT) of the chest was then ordered which revealed features consistent with PCP.
- The mother was re-tested and had a rapid HIV test positive.
- The child was also tested and her viral load was 1,657 574 copies.
- They were both initiated on anti-retroviral drugs and the child was also treated for PCP and seen by a dietitian for nutritional supplements.
- The child was discharged home after 3 weeks and seen 2 months post discharged on outreach, now with her weight at the +1 SD line and a MUAC of 14cm and clinically well.

Failure to Thrive and Severe Pneumonia Requiring Ventilation

Category: Nutrition Across the Spectrum

- This case illustrates the importance of always confirming the HIV status of patients with failure to thrive and serious infections.
- The impact of correct diagnosis and management of such cases carries a higher prognostic yield.
- It also highlights the importance of nutritional education and support for young mothers as well as partner testing coupled with regular testing post delivery and post cessation of breastfeeding.
- Social determinates of health are also highlighted here showing importance of involving social workers in the wholistic management of the child.

Teaching points: Case 4: Five-Month-Old Female Infant with Severe Pneumonia Requiring Ventilatory Support

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Session Evaluation

A quick, 1-minute “check in” to listen
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