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doi:10.2223/JPED.1574

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Conflicts of interest: none. The author has already participated as a researcher in multicenter studies on vaccines financed by Whyeth and Merck Sharp Dohme laboratories, and received grants for lectures on immunizations in symposia and scientific meetings sponsored by Whyeth, Merck, SanofiPasteur and GSK laboratories.

Effectiveness of dual and triple anti-HIV therapy

Dear Editor,

I would like to make some comments about the original article written by Romanelli et al.¹ and about the editorial written by Oleske.²

Initially, I want to highlight the importance of the article by Romanelli,¹ which provides health professionals with important information about when to start anti-HIV therapy in children. This and other studies have advocated a change in international guidelines for the treatment of HIV infection in children in the last few years. These guidelines included the initial indication of formal dual therapy, then the restriction on the use of dual therapy (mild cases), and finally, the formal indication of triple therapy.

In regard to the editorial written by Oleske,² some explanations and comments are necessary. At the end of the first paragraph, Oleske affirms that the pathogenesis of HIV infection and the general principles of therapy are the same for adults, adolescents, children and infants infected with

HIV. However, it has been well established that the dynamics of viral replication and the immunopathogenesis of HIV infection in adults and children have remarkable differences, and some of these differences still have to be clarified.^{3,4} And it is the difference in the dynamics of viral replication and pathogenesis of HIV infection in children that determines the different guidelines for antiretroviral therapy in children and adults, especially regarding parameters such as implementation of treatment, treatment success and failure, and peculiarities about immune reconstitution.^{5,6}

In the second paragraph, Oleske affirms that the pharmacokinetics of the multiple drugs used in the treatment of HIV infection also accounts for more rapid disease progression in pediatric patients. It is common knowledge that when one refers to progression of HIV infection, one usually describes the natural history of the disease; to be natural, it requires exclusion of antiretroviral therapy. Therefore, this type of inference or casual relationship is not appropriate. I think the article should mention the paucity of pharmacokinetic studies in children, mainly in the first months of life. The available studies usually have a too small sample size and include different age groups.^{7,8}

Finally, I would like to remind pediatricians and infectologists who attend to HIV-infected children that the management of pediatric HIV infection in Brazil should follow the Guidelines for Clinical Treatment of HIV Infection in Children, elaborated by the Brazilian National STD/Aids Program of the Brazilian Ministry of Health. These guidelines are updated regularly, and the 2006 version is already available at www.aids.gov.br.

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doi:10.2223/JPED.1575

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