CoDAS
ISSN 2317-1782 (Online version)

Letter to the Editor
Carta ao Editor

Voices of HIV-infected children

Vozes de crianças infectadas pelo HIV

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RESPONSE

We appreciate the opportunity to promote a debate on the article Pereira, Eliane Cristina; Rodrigues, Cristina de Oliveira; Silvério, Kelly Cristina Alves; Madazio, Glaucya & Behlau, Mara (2017). Auditory-perceptual and acoustic analysis of voices of HIV-infected children. CoDAS. 2017 11, 29(6):e20170022. doi: 10.1590/2317-1782/201720170022[(1)].

The topic addressed in the letter to the editor - children with severe immunologic suppression and vocal deviations - is of great interest and has only few studies published. As highlighted by the colleagues who submitted the letter to the editor, HIV-infected children and with severe immunologic suppression and severe signs and symptoms, may develop opportunistic infections or other conditions that leads to deviated vocal quality. Thus, communication aspects related to dysphonia and quality of life impairments may be developed. As reported in the letter to the editor, these aspects were explored in studies with adult patients[(2,3)].

As mentioned in the published article, the Centers for Disease Control and Prevention[(4)] parameters were used to analyze clinical and immunological categories of 37 HIV-infected children in two different moments: in the most critical moment of their lives, therefore, in the past, and in the moment of the research data collection. This information was described at the first paragraph of the session "Results". It was observed that in the moment of the evaluation, 94.6% of the 37 HIV-infected children, had no or mild signs/symptoms, and 5.4% had clinical categories with moderate or severe signs/symptoms. Also, there was no evidence of suppression.

In other words, the children presented a good health status and absence of opportunistic infections or comorbidities. Probably, this is due to the regular follow-up since the moment of the diagnosis and the early use of antiretroviral drugs and prophylaxis, which is in accordance with the Brazilian Ministry of Health protocols. As mentioned in the fourth paragraph of the article's "Discussion" session, this follow-up occurs every three months and includes the evaluation of the pediatric and multiprofessional team, that also counts with a neurological and otorhinolaryngological evaluation.

There was no difference between the perceptual-auditory and acoustic analysis of the HIV-infected children and the control group, non-HIV-infected children. Certainly, these findings are due to the excellent clinical and immunological conditions of the analyzed population. One of the study hypotheses was that opportunistic infections and conditions

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Received: April 18, 2018

Accepted: April 30, 2018

Study conducted at Centro de Estudos da Voz – CEV - São Paulo (SP) and Universidade Federal do Paraná – UFPR - Curitiba (PR), Brasil.

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Financial support: nothing to declare.

Conflict of interests: nothing to declare.

associated to the HIV infection would cause sequelae or altered vocal behavior; however, no deviation regarding this matter was found.

Anterior to the development of effective antiretroviral therapies, the main cause of death in HIV-infected children were opportunistic infections such as: cytomegalovirus (CMV), tuberculosis, herpes, fungal infections, among others. The current worldwide, Brazil included, active antiretroviral treatment regimens suppress the HIV viral replication and provides a significant immune reconstitution. Thus, there has been a considerable decrease in the acquired immunodeficiency syndrome-related opportunistic infections and the death of adults and children[5].

In order to achieve evidence-based results, further studies that considers HIV-infected children in different stages of the immunologic and clinical category compared to non-HIV-infected children should be develop. Also, it would be interesting to evaluate the voice disorders occurrence in all stages of the disease. However, this was not the aim of the published article.

The letter to the editor made us think about how we could have made this explicit. We understand that the abstract could have included the aspects of "*signs and symptoms and immunologic condition*" addressed in the article's "Results" session. It is always a challenge to choose the information that will be presented in the abstract of a scientific paper. The abstract must be attractive in order to persuade the reader to read the full text. Unfortunately, it is not possible to include all the important information.

We are grateful for the attention given to our article and for the opportunity to clarify our study purpose and results.

The authors.

REFERENCES

1. Pereira EC, Rodrigues CO, Silvério KCA, Madazio G, Behlau M. Auditory-perceptual and acoustic analysis of voices of HIV-infected children. CoDAS. 2017;29(6):e20170022. PMid:29236906.
2. Sims HS, Patel S, Barr A. Laryngeal electromyography findings in a patient with HIV, John Cunningham virus and bilateral true vocal fold motion impairment. J Natl Med Assoc. 2008;100(7):856-8. http://dx.doi.org/10.1016/S0027-9684(15)31381-X. PMid:18672564.
3. De la Blanchardiere A, Dore M, Salmon D, Sicard D. Left vocal cord paralysis in cytomegalovirus multifocal neuropathy in a patient with HIV infection. Presse Med. 1996;25(3):106-7. PMid:8746083.
4. Caldwell MB, Oxtoby MJ, Simonds RJ, Lindegren ML, Rogers MF. Revised classification system for human immunodeficiency virus infection in children less than 13 years of age. MMWR. 1994;43(RR-12):1-19.
5. Siberry GK, Abzug MJ, Nachman S, Brady MT, Dominguez KL, Handelsman E, et al. Guidelines for the prevention and treatment of opportunistic infections in HIV-exposed and HIV-infected children. Pediatr Infect Dis J. 2013;32(2, Supl 2):I-KK4. http://dx.doi.org/10.1097/01.inf.0000437856.09540.11. PMid:24569199.

Author contributions

ECP was responsible for the writing of the manuscript; GM and KCAS were responsible for the writing and revision of the manuscript; MB and COR were the advisors and responsible for the study design and final revision of the manuscript.