

8<sup>th</sup> Global Summit on  
**NEUROSCIENCE AND NEUROIMMUNOLOGY**  
August 27-28, 2018 Madrid, Spain

**Neurobiology of HIV: Neurological progression due to immunological and virological factors**

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A sword on humankind, since prevailing over a quarter of century, swallowed over 25 million people, with its deadliest nature with 40 million suffers globally with HIV/aids infections. The complications of HIV infection lie on the impairment of neurological function in the infected individuals. Manifestations on HIV, had shown it can directly linked to the severe immune suppression, induced by the virus, where as many others are due to direct damaging effects of virus infection. Since about a time, it remains unclear about the pathogenesis of many of the neurological manifestations of HIV infections. The main challenge before us is at least 30% of infected individuals never manifest any clinical evidence of neurological damage. Even in those who manifest the signs and symptoms of neurological disease, it occurs at all stages of HIV infection and involves the entire neurexins, while comparing its frequency and severity of neurological complications, HIV is rarely found in macrophages with parenchyma of brain and spinal cord. There has been tremendous progress in the development of antiretroviral therapies with impressive encourages effect on the prognosis of the HIV infection. However, the cost of the therapies cannot afford by the individuals in the developing countries. Moreover, the unavailability of highly active antiretroviral therapy (HAART), the problem which the world is now suffers is the primary HIV related neurological diseases like dementia. A no of studies has used a wide variety of laboratory makers such as HIV viral loads, cd4 estimation, estimations of cytokines and surrogate markers to understand the basis of neurological progression of HIV infection. We felt, it prudent to conduct a systematic investigation to enquire if laboratory parameters could serve as prognosticators of HIV induced neurological disease.

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