



POSTER PRESENTATION

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Clinical and immunological presentation of new HIV-infected patients in an outpatient clinic

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Background

Current guidelines of antiretroviral therapy (ART) recommend starting ART before an advanced immunological deterioration. The benefit of early ART is lost when diagnosis is established at an advanced stage of the disease. The aim of this study is to evaluate the clinical and immunological data at the first observation of HIV-infected patients in an Infectious Diseases Service.

Methods

Demographic and epidemiological data of all HIV-infected patients diagnosed between 01/January/2006 and 31/December/2008 were evaluated. Clinical and immunological status, AIDS defining entities and mortality rate were also analysed.

Results

311 new patients were observed (305 HIV-1 infected and 6 HIV-2 infected), with a mean age of $42 \pm 13,7$ years. 218 (70%) patients were men. Risk factor for HIV-infection was sexual in 271 (87%) patients (18% were homo-bisexual). At the time of diagnosis the mean CD4+ cell count was 333 ± 305 cells/mm³; 132 (42,4%) patients had CD4 cell count $<200/\text{mm}^3$. In 89 (28,6%) patients an AIDS-defining illness was diagnosed simultaneously with HIV-infection diagnosis; 43% of these were tuberculosis. After a mean follow-up of $15 \pm 9,7$ months 27 (8,6%) patients died, 24/27 (88,8%) with AIDS and the other 3 patients one each with eosophageal cancer, hepatic failure and MSSA sepsis,. In 22/27 (81,4%) of the deceased patients the CD4 cell count was <200 cells/mm³ at the time of the HIV diagnosis.

Discussion

In the last 3 years, 42% of the new diagnosed patients had a serious immunological deficit. In 28% of them HIV-infection was diagnosed simultaneously with a defining AIDS opportunistic infection. The fact that 81,4% of the deceased patients had a CD4 cell count $<200/\text{mm}^3$ at diagnosis shows that HIV-infection diagnosis was done too late for ART to be of benefit.

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