

Poster presentation

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Hospitalization and mortality of HIV patients in a low resources setting

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Introduction

Morbi-mortality of HIV patients in HAART-era in resource-limited settings has not been well described.

Objective

To describe causes of serious complications leading to hospitalization and death in these patients.

Methods

Prospective follow up of all HIV positive patients admitted during 2004 in our Hospital, regarding sex, gender, time of HIV diagnosis, administration of HAART, viral load and CD4 count at the moment of hospitalization and outcome.

Results

Throughout the study period, there were a total of 28 hospitalizations of HIV positive patients. 17 (60.7%) were men. Mean age was 35.28 yrs. Mean CD4 cell count was 108.5 cell/ μ L, mean viral load 244781 copies/mL. Causes of hospitalization and were: 7 CNS cryptococcosis (25%), 5 community acquired pneumonia (17.8%), 4 CNS toxoplasmosis (14.3%), 2 pulmonary TB (7.14%), 2 pleural TB (7.14%), 2 wasting syndrome (7.14%), 1 CNS TB (3.5%), 1 CMV retinopathy (3.5%), 1 progressive multifocal leukoencephalopathy (3.5%), 1 Kaposi's sarcoma (3, 5%), 2 unknown diagnosis (7.14%). In 5 cases (17, 8%), HIV diagnosis was made during hospitalization (2 CNS cryptococcosis, 2 community acquired pneumonia, 1 pulmonary TB). 11 patients (39, 3%) were already on HAART. Twelve patients died (42.85%). Causes of death were 5 CNS cryptococcosis (41.6%), 1 community

acquired pneumonia (8.4%), 1 CNS toxoplasmosis (8, 4%), 1 pleural TB (8.4%) (7,14%), 1 CNS TB (8, 4%), 1 progressive multifocal leukoencephalopathy (8.4%), 1 Kaposi's sarcoma (8.4%), 1 unknown diagnosis (8.4%).

Conclusion

Causes of hospital admission were multiple in HIV patients. CNS cryptococcosis was the most common cause of hospitalization and death. There was a high death rate, mostly related to cryptococcosis. This could be related to social and economical factors in a low resources setting.