



MEETING ABSTRACT

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Changes in proviral load (PVL) among patients with rapidly progressive HTLV-1-associated myelopathy/tropical spastic paraparesis (HAM/TSP) receiving empirical therapy

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Introduction

Previous studies suggest that HTLV-1 PVL remains constant over time. We compare PVL, at baseline and follow-up, in patients with rapidly progressive HAM/TSP who received empirical treatment.

Methods

Rapidly progressive HAM/TSP was defined by patients' incapacity to walk unaided within two years after symptoms' onset. These cases are treated at our center with prednisone in combination with Lamivudine and/or Zidovudine at standard doses. PVL were performed by duplicate in PBMC of blood samples drawn before (baseline) and during treatment; values are reported in copies /10⁴ PBMC.

Results

We evaluated 11 patients (6 women); their median age was 50 years-old, interquartile range [IQR] 20, with significant differences between men and women (medians: 56 and 36, respectively, $p=0.02$). Median HAM/TSP duration at diagnosis was 12 months (IQR 4). The median time (all in months) between the symptoms onset and the beginning of therapy was 14 (IQR: 9); between HAM/TSP onset and the baseline PVL, 14 (IQR: 13); between PVL determinations, 7 (IQR: 7). Median PVL values were 1183 (IQR: 1425) at baseline, and 1002 at follow-up (IQR: 1425). In the group of 7/11 patients

where PVL decreased, differences between baseline and follow-up determinations were significant ($p=0.01$), with a median paired reduction of 362 (IQR: 1425). In the four cases where PVL increased, differences were not significant ($p=0.06$).

Conclusions

In most of the cases here reported, PVL decreased significantly during empirical therapy. Clinical correlates and long-term evaluation of these findings demand controlled therapy trials.

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