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Abstract (poster session)

Prevalencia of human T-lymphocytic virus (HTLV) infection in patients with infection due to *Strongyloides stercoralis*

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Background: *S.stercoralis* is a nematode parasite, which is endemic in tropical and subtropical regions. Infection usually remains asymptomatic, but in immunocompromised hosts severe and life-threatening manifestations such as hyperinfection syndrome and disseminated disease might occur. Methods: We prospectively analyzed the prevalence of HTLV co-infection, in 81 patients with strongyloidiasis, who attended in the Tropical Medicine Unit of Hospital Universitario Central de Asturias, Spain, between 2006-2012. Combined examination of three concentrated stool samples, culture in blood agar and ELISA for serum anti-*S. stercoralis* antibodies was used as screening. We considered that infection exists if the microscopic visualization of larvae in stool sample and/or the ELISA was positive. In positive patients was discarded the presence of other nematodes or filarias. Anti-HTLV-I/II antibodies in all patients that were followed-up were determined prospectively. The serologic screening test used for HTLV I/II was a chemiluminiscent immunoassay (ARCHITECT®, Abbott Diagnostic, Spain) using HTLV I/II synthetic peptide and HTLV II recombinant antigen-coated microparticles Results: 81 patients were included in the analysis. The most frequent countries of origin were Equatorial Guinea (27%), Ecuador (20,6%), Senegal(9,5%), Nigeria (9,5%. All patients showed positive serological test and in one patient the microscopic visualization was positive. Only one patient from Mali had a HTLV-I coinfection. The HTLV-infected patient was a 17 year-old male from Mali (0.3% of all patients, 33% of all patients from Mali), who had been living in Spain for 4 months and had no risk factors for infection. All patients were treated with ivermectin. None patients developed hyperinfection syndrome. All patients survived. Conclusions: There is epidemiological evidence that HTLV-I is associated with *S. stercoralis* hyperinfection, chronic strongyloidiasis and relapse after treatment. On the basis of a Japanese cohort, it is estimated that the risk to develop strongyloidiasis is twice as high among HTLV-I-infected people as among healthy controls. Although our study is limited by the small sample size, it appears that the prevalence of HTLV infection in patients diagnosed of strongyloidiasis is still low in our environment. However, taking into account that the presence of HTLV-I infection in latent phase could be an underdiagnosed problem in immigrants from endemic area, a screening seems to be necessary.