P1883
Poster Session VI
HIV infection - clinical profile

EPIDEMIOLOGICAL, CLINICAL PROFILE AND LONG TERM SURVIVAL IN A COHORT OF PATIENTS WITH PNEUMOCYSTIS JIROVECII PNEUMONIA (PJP) IN HIV-INFECTED PATIENTS IN THE HAART ERA.

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Objectives:

1) To describe the epidemiological trends of patients with HIV infection who present a PJP, 2) to describe the role of PJP as the first manifestation of an unknown HIV infection and 3) to analyze the long term survival of patients diagnosed with PJP.

Patients and methods:

Descriptive study of the cohort of HIV-infected adults diagnosed with PJP between January 2000 and November 2013 in the University Hospital Vall d'Hebron in Barcelona. Patients were followed up for 5 years, death or loss to follow-up during this period, or until present date. Incidence is expressed as cases per 1000 patients with HIV/year and has been analyzed considering only whole years (from 2000 to 2012). Changes in incidence rates were calculated using the Mantel-Haenszel test. We performed a logistic regression analysis of mortality associated variables. Survival curves were done using the Kaplan-Meier method.

Results:

During the study period, 136 cases of PJP were diagnosed. The incidence rate progressively decreased from 13.4 cases per 1000 patients in 2000 to 1.3 cases per 1000 patients in 2012 ($p < 0.001$). The median age increased gradually from 34 years in 2000 to 49 years in 2012 ($p = 0.022$). Sixty-nine (50.7%) episodes occurred in patients without prior diagnosis of HIV infection. The proportion of patients with no prior diagnosis of HIV infection increased during the study period ($p = 0.09$).

During admission, 89 (65.4%) patients developed respiratory failure and 28 (20.6%) were admitted to ICU. Hospital mortality was 11 % (15/136). In the multivariate analysis, the only variable independently associated to hospital mortality was an age over 50 years at PJP diagnosis (OR 4.1, 95% CI 1.1 – 14.7).

Of the 121 survivors, mean follow-up time was 43.4 (± 21.1) months. Twenty (16.5%) of the 121 patients died during follow-up and 9 (7.5%) were lost. Death during follow-up was attributable to AIDS in 14 cases. The five-year survival probability was 73% (95% CI, 65-81). In the multivariate analysis, the only variable independently associated with death or loss to follow-up was poor adherence to antiretroviral treatment (OR 5.4, 95% CI, 1.2-24.8).

Conclusions:

The incidence of PJP has declined significantly in the recent years. However, the mean age of patients at presentation has increased. Moreover, PJP conditioned the diagnosis of HIV infection in half of the patients. These findings reflect the current problem of late diagnosis of HIV infection. Mortality during follow-up is related to poor adherence to ART.