

O0363 **Acute Amazon toxoplasmosis in immunocompetent patients : a descriptive study of 42 cases living in remote areas in French Guiana**

Aude Labaudinière¹, Magalie Demar², Damien Davy³, Loïc Epelboin², Jean-François Carod⁴, Paul Brousse², Emilie Mosnier*²

¹Université De Guyane, Médecine générale, Cayenne, French Guiana, ²Centre Hospitalier de CAYENNE, Cayenne, French Guiana, ³CNRS, Cayenne, French Guiana, ⁴Centre Hospitalier de l'Ouest Guyanais - Frank Joly, Saint-Laurent-du-Maroni, French Guiana

Background: Since 1992, several cases of severe primary infections with *Toxoplasma gondii* have been reported in immunocompetent patients in French Guiana (FG). This new clinical entity, called Amazon Toxoplasmosis (AT), involves phylogenetically different strains circulating in local wildlife. We describe the clinical and outcome aspects of AT cases in remote population of Amazon rainforest in FG.

Materials/methods: A retrospective study was carried out in villages along the Maroni and Oyapock rivers, borders with Suriname and Brazil respectively, between 2008 and 2015. Any patient presenting with a clinical picture compatible with AT with an anti *T. gondii* IgM titer > 0.4 or IgM seroconversion was included. Patients with congenital toxoplasmosis, HIV or HTLV co-infection were excluded. Demographic, clinical, radiological, biological, and outcome data were collected from medical records.

Results: Among the 42 patients included in the study, the average age was 16.5 years and the M/F sex ratio was 1.8. Hospitalization was required in 70% of cases, with an average length of stay of 11.2 days. 84.2% (32/38) of the patients presented with asthenia in 72.5% (29/40). The main visceral involvement was muscle with increased CPK (72.7%, 9/11), liver with cytolysis $\geq 2N$ (71.9%, 23/32), diffuse adenopathy (64.1%, 25/39), cardiac with ultrasound abnormalities (31.3%; 5/16), and pulmonary (43.6%; 17/39) ranging from interstitial pneumonia to severe acute respiratory distress. 21.4% (3/14) had abnormal funduscopic examination. Disseminated clinical forms (≥ 2 visceral localizations) accounted for one third of cases (31.8%, 16/39). Only one strain could be typed, finding an atypical genetic profile. Clinical outcome was favorable for all patients with cotrimoxazole (48.7%, 18/37). For all, there was a forestry activity or consumption of rivers water and game.

Conclusions: AT should be evoked in immunocompetent patients living or returning from the Amazon rainy forest presenting with fever and or pulmonary impairment. This study shows the clinical diversity of presentations related to strain, infesting stage, inoculum or host receptivity.