

O500

Abstract (oral session)

Characteristics and outcomes of invasive aspergillosis in patients with liver disease

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Objective: Invasive aspergillosis (IA) is traditionally considered an infection that mainly involves neutropenic patients with hematological malignancies. However, new groups of patients at risk for developing IA are increasingly recognized. We aimed to determine the frequency, clinical characteristics, diagnosis, treatment and outcomes of IA in patients who had as a main comorbid condition liver disease. **Methods:** Retrospective observational cohort study of consecutive patients hospitalized with IA in two referral centers in Barcelona, from 2008 to 2011. We included cases of proven or probable IA according to the EORTC/MSG definitions. **Results:** Of a total of 129 patients with IA, 20 (16%) had liver disease: liver transplant recipients (9 patients), chronic viral hepatitis (8 patients), alcoholic cirrhosis (4 patients), autoimmune hepatitis (3 patients), primary biliary cirrhosis (3 patients), cryptogenic cirrhosis (2 patients). The median age of patients was 57.4 years (SD 8.8) and 11 (55%) were male. Other predisposing factors were: immunosuppressive treatment (12 patients), prior recent respiratory tract infection (3 patients), and other (4 patients). Remarkably, no patient had neutropenia and 3 patients had not any traditional risk factors for IA. The most common manifestations of IA were pulmonary disease (all patients), brain abscesses (3 patients) and disseminated disease (1 patient). The IA diagnosis was based on one or more of the following: culture (11 cases), galactomannan (9), necropsy (5), histology (2) and PCR (1). Diagnosis was established postmortem in 3 patients. The majority of cases were caused by *Aspergillus fumigatus* (13), followed by *A. terreus* (2), *A. niger* (1) and *Aspergillus* spp (3). Amphotericin B and voriconazole were the most frequently administered drugs (7 patients) followed by anidulafungin (5 patients). Six patients were treated with combination therapy and 4 patients had not received any antifungal treatment. Adverse drugs effects were documented in 6 patients, the most common were hepatotoxicity (2 patients) and impaired consciousness (2 patients). Overall case-fatality rate (3 months) was 85% (17 of 20 patients). **Conclusions:** At present, liver disease is a frequent condition among patients with IA and it is associated with a poor outcome. Physicians should have a high suspicion of IA in patients with liver disease to optimize the diagnosis and treatment strategies.