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P2255 *Pneumocystis jirovecii* pneumonia in adult haematological patients

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Background: Incidence of *Pneumocystis jirovecii* pneumonia (PCP) increases in HIV-negative patients mostly in patients with hematological malignancies. Clinical symptoms, biological, radiological presentations, and prognostic of PCP are different in this specific population compared to HIV-infected patients. This retrospective monocentric observational study describes PCP in adult hematological patients in Grenoble Alpes University Hospital.

Materials/methods: Between January 2013 and December 2017, patients with microscopic detections and/or PCR-positives for *Pneumocystis jirovecii* occurring while treatment for hematological malignancies were included. Demographic data, radiological biological descriptions were collected, as well as PCP prophylaxis, treatments and outcomes.

Results: Fifty-eight patients were included (33 males/25 females), mean age 63 years (24-92 years). Fever was the most frequent symptom (N = 54; 93%), before dyspnea (N = 50; 86%) and caught (N = 30; 52%). Chest computed tomography showed interstitial syndrome in 83% of the cases (N = 48). Average number of therapies before PCP diagnosis was 1.8. For allogeneic stem cell transplantation recipients, delay between graft and PCP diagnosis was 671 days (1-1470).

	N = 58	(%)
Lymphoma	22	38
Acute lymphoblastic leukemia	4	7
Acute myeloid leukemia	11	19
Myeloma	11	19
Rituximab	22	19
Corticosteroids	22	21
Allogeneic SCT	11	19
Lymphocytes count < 1.2 G/L	12	65
CD4 > 0.2 G/l	12	62

Table 1: description of patients and risk factors

The diagnosis of PCP was mostly made on bronchoalveolar lavage (N = 56; 96%) with positive PCR in all but one patient, and direct examination was positive in 14% (N = 8). None of them had a prophylaxis before PCP, except 2 allogeneic HSCT recipients who received aerosolized pentamidine. Cotrimoxazole was the first line of treatment

but had to be stopped in 72% of the cases (N = 13) because of adverse events. An adjunctive glucocorticosteroid therapy was used for 26 patients (45%). Twenty-one patients (36%) required transfer to an intensive care unit and 5% (N = 3) died because of PCP.

Conclusions: These data are coherent with already published studies. Interestingly, PCP also occurs in a population which was not considered at risk like acute myeloid leukemia.