

Poster presentation

## Impact of CMV infection on horizontally transmitted HIV-1 disease progression

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### Purpose of the study

To evaluate the impact of infection due to cytomegalovirus (CMV) on the clinical evolution and immunological profile of HIV-1 infection horizontally transmitted.

### Methods

Retrospective study (January 1997 – December 2007) based on clinical records of HIV-infected patients (pts), following antiretroviral treatment (ART), under surveillance of HIV/AIDS Regional Center, Craiova, Romania. Group A – 32 pts (all pts HIV+, CMV+) has been compared with control group B – 32 pts (HIV+, CMV-); pts have been clinically examined (monthly) and biologically evaluated (quarterly).

### Summary of results

Characteristics of group A vs. B follow: average age 22.4 vs. 21.6 years; urban/rural ratio 0.4 vs. 2.2; gender ratio (male/female) 1.7 vs. 1.5; average duration of monitoring 6.8 vs. 7.1 years. There were 1,378 HIV- and/or AIDS-associated clinical events in group A vs. 879 in group B ( $p = 0.049$ ), and the average number of clinical event/pt/year was 7.3 for the first group vs. 3.8 for the control group. Twenty-five pts (78.1%) from group A have had AIDS-related conditions vs. 10 pts (31.2%) in group B ( $p = 0.04$ ). Duration from diagnosis to AIDS stage has been 19.1 months in group A vs. 49.5 months in group B ( $p = 0.01$ ). For a similar number of CD4 lymphocytes, there was a greater basal average CD8 percent in group A

(83.2%) vs. B (61.4%) and no significant differences have been noted after 12 months of ART. We have recorded eight deaths; seven from group A and one from group B.

### Conclusion

In comparison with pts non-infected with CMV, those with dual infection (HIV+, CMV+) had a sizeable number of HIV/AIDS associated clinical conditions and a faster progression probably due to immunological suppression added by the herpetic infection.