

Poster presentation

## **cART in vertically HIV-infected children treated since infancy**

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### **Purpose of the study**

To evaluate cART efficacy, number of regimens and resistance development in vertically HIV-infected children treated since infancy.

### **Methods**

27 children vertically infected with HIV. In 6/27 children treatment was started before HAART era. In 11/27 patients cART regimen was based on baseline resistance reports. Additionally, in eight children resistance tests were performed before therapy changing. (Table 1.)

### **Summary of Results**

6/27 (22%) children have been receiving their first regimen (the length of treatment: 10 months – 4.5 years). 21/27 (78%) patients have changed their therapies, including 12/21 (57%) with treatment failure.

### **Conclusions**

cART in vertically HIV-infected children treated since infancy is effective. Most of the patients had to change their regimens because of treatment failure or adverse events. Multidrug resistance (double or triple class) appeared in 15% of patients.

**Table 1: cART efficacy**

	<b>ART before HAART era (before 1998)</b>	<b>Initial cART started without resistance testing</b>	<b>Initial cART based on resistance reports</b>
No. of children	6	10	11
Current age	10–14 yr (mean 12 yr)	10 mo – 10 yr (mean 6 yr)	2–7 yr (mean 4, 5 yr)
The first regimen	NRTI	cART	cART
No. of cART regimens	2–3	1–5	1–3
No. of children receiving their first regimen currently	0	3	3
No. of children with VL<50 c/ml at evaluation	6	10	9
No. of patients with resistance testing before changing of ART	2	4	2
Single class resistance development	2 children (NRTI)	1 child (PI)	1 child (NRTI)
Double class resistance development		1 child (PI+NNRTI)	
Triple class resistance development		2 children	1 child

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