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Risk factors and clinical and therapeutic issues of pancreatic abnormalities during HIV infection

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Background

After a decade of combination antiretroviral therapy (cART) availability, the epidemiological-clinical features of HIV-associated pancreatic abnormalities changed over time.

Methods

The frequency, risk factors, and clinical-therapeutic features of pancreatic alterations were assessed in an observational, prospective case-control study involving 1,081 HIV-infected patients (pts) followed for >12 months.

Summary of results

166 pts with elevated and/or prolonged laboratory anomalies were focused on to assess pancreatic disease during the cART era. The 435 pts (40.2%) who experienced >1 episode of pancreatic laboratory abnormality had a longer duration of seropositivity and protease inhibitor (PI) exposure, a more frequent immunodeficiency, AIDS diagnosis, chronic liver-biliary disease, and hypertriglyceridemia, while no relation was found with the duration-type of administered nucleoside analogues, when compared with the 646 controls, who never developed pancreatic anomalies. Among the mentioned 435 pts, elevated-prolonged laboratory alterations eventually associated with signs of organ involvement occurred in 166 cases (38.2%), and were related to the administration of ddI, d4T, 3TC, pentamidine, cotrimoxazole, or antimycobacterial therapy, cytotoxic chemotherapy, substance-alcohol abuse, opportunistic infections, chronic liver-biliary disease, a PI-based cART, and hypertriglyceridemia. However, no difference occurred between the 46 pts with clinical-imaging evidence of pancreatic involvement and the remaining 120 asymptomatic pts. Although recurrences of enzyme alterations involved 69.6% of pts, in only 30.1% was a change of the antiretroviral-antimicrobial therapy needed. An acute but uncomplicated pancreatitis occurred in 9/46 symptomatic pts (19.6%). A 2–4-week gabexate and/or octreotide administration (performed in 79/166 cases: 47.6%), achieved a significant laboratory, clinical, and imaging cure-improvement in 82.3% of cases, with a better success rate of combined (gabexate+octreotide) vs. single (gabexate or ocreotide) therapy. A significantly reduced tendency to disease recurrences, and a better tolerability of antiretroviral regimens, were also found.

Conclusion

Epidemiological-pathogenetic studies are needed to assess the trend of pancreatic abnormalities in the cART era, and their relationship with continued antiretroviral-antimicrobial chemotherapy. This research field appears somewhat neglected, so that observational studies and controlled trials are lacking. The indications to gabexate-octreotide during HIV disease deserve investigation.