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Sala D | Miscelanea – Simpósio 4: Parasitos Oportunistas
Chair: Silvana Carnevale (Argentina)
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Severe manifestation of Leishmaniasis in HIV co-infected individuals manifested as immune reconstitution of inflammatory syndrome (IRIS)

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Highly Active Antiretroviral Therapy (HAART) has dramatically changed the natural history of of HIV infection. Significant decreasing in the occurrence of opportunistic infection and the mortality associated with AIDS is extensively been demonstrated. However, in some cases, patients may experience clinical deterioration following an increase in CD4+ T-lymphocytes counts and a decrease in HIV viral load, after onset of HAART. This is usually a consequence of a clinical manifestation of a latent or a previous treated opportunistic pathogen, which paradoxically presents as a severe clinical manifestation. The immune response against these types of pathogens results in severe inflammation as a consequence of the immune response restoration, known as immune reconstitution of inflammatory syndrome (IRIS) Severe cases leishmaniasis of classic and exotic manifestation of mucocutaneous and visceral diseases have been documented in HIV-infected individuals as a manifestation of IRIS. Commonly found characteristics in these patients were cutaneous involvement regardless of the Leishmania species isolated, onset of disease regardless of when patients were infected with Leishmania, as well as a rapid progression to severe forms of the disease in association with a rapid CD4+ T-cell count recovery following antiretroviral therapy. The median CD4+ T cell count before the onset of HAART was over 50 cells/mm3 in almost all cases, in comparison with lower CD4+ T-cell counts found in patients with other infectious diseases in association with IRIS.[5, 29] In the majority of reviewed cases, the length of time between the onset of HAART and occurrence of IRIS was six months, similar to what was observed in other infectious diseases associated with IRIS. The only exception was a patient who developed PKDL and uveitis as a manifestation of IRIS nine years after the onset of HAART. However, this patient was unsuccessfully treated during this period and IRIS occurred following rescue therapy, when the CD4+ T-cell count rose from 71 cells/mm3 to 321 cells/mm3.[13] This finding suggests that leishmaniasis as a manifestation of IRIS occurs largely as a result of immune response recovery, despite the length of the recovery period or the initial CD4+ T-cell count.