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CICLO CARLOS CHAGAS DE PALESTRAS

9ª EDIÇÃO

SAÚDE MENTAL E DOENÇA DE CHAGAS: MUITO A DESVENDAR PARA ENFRENTAR

LIVRO DE RESUMOS

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#24 Area: Epidemiology

Epidemiological and clinical profile of *Trypanosoma cruzi*-HIV coinfection in a cohort of patients followed at the Evandro Chagas National Institute of Infectious Disease (INI) - Fiocruz

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Introduction: Chagas disease (CD) coexist with the acquired immunodeficiency syndrome (AIDS). Patients with CD can become infected with HIV and develop immunosuppression and CD reactivation. In Brazil, the prevalence of coinfection is approximately 1.3%, resulting in 12,558 cases of *Trypanosoma cruzi*-HIV coinfection.
Objective: To identify the prevalence of *Trypanosoma cruzi*-HIV coinfection in the cohort of patients with CD at INI-Fiocruz. The epidemiological and clinical characteristics, the incidence of CD reactivation, mortality, and causes of death were also investigated.
Method: Retrospective observational study, consisting of patients with CD followed up at outpatient center at INI-Fiocruz, from July 1986 to April 2021. Clinical forms of patients were classified according to the 2nd Brazilian Consensus on CD.
Results: Among 2194 patients (1154 [52.5%] women and 1040 [47.5%] men), 11 (0.5%) co-infected Trypanosoma cruzi-HIV were identified (7 [63.6%] women and 4 [36.4%] men) with a mean age of 50.1 (ranging from 38-66). Five patients were originated from Minas Gerais, 4 from Bahia, 1 from Ceará and 1 from Paraíba. Two had the indeterminate form (18.2%), 6 the cardiac form (54.5%), 2 the digestive form (18.2%) and 1 the cardio-digestive form (9.1%). In term of cardiac form classification, two had stage-A (28.5%), two stage-B1 (28.52%), two stage-B2 (28.5%) and one stage-C (14.5%). Eight patients had a CD4 count at HIV diagnosis with an average of 286.3 (50-591) and received antiretroviral therapy. During a median follow-up of 7.3 years (IQR 25%-75% 0,9-10,5), there was 1 (9.1%) reactivation due to myocarditis (patient who did not use antiretroviral), which occurred 1.07 years after the diagnosis of HIV, and 6 (54.5%) deaths, with a median follow-up time of 2.0 years (IQR 25% -75% 0.9-10.5), of those 1 being directly related to CD (sudden death), 3 to AIDS (neurotoxoplasmosis, atypical mycobacteriosis and unidentified respiratory failure), 1 to ischemic heart disease and 1 to esophageal neoplasia. The deaths related to immunosuppression occurred in 2 patients who did not receive antiretroviral therapy and in 1 due to low adherence to treatment. One (9.1%) patient lost follow-up
Conclusion: HIV infection and CD reactivation was a very reserved prognosis before the advent of antiretroviral therapy. Early diagnosis of CD reactivation and prompt treatment dramatically reduces mortality. Therefore, identifying the co-infected *Trypanosoma cruzi*-HIV carrier is extremely important to offer antiretroviral treatment, measure CD4 levels, monitor parasitological status and start trypanocidal therapy early in case of CD reactivation.