



## POSTER PRESENTATION

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# Correlation of HTLV-1 proviral load and lymphocyte proliferation from asymptomatic HTLV-1-positive patients and HAM/TSP patients associated or not to skin disorders

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This study evaluated the prevalence of skin diseases among HTLV-1 infected and the relation between HTLV-1 proviral load, and CD4+ and CD8+ T cells count among, regardless of clinical status, with or without associated skin disorders. 193 HTLV-1-infected subjects were studied. Patients were submitted to a complete dermatological examination, lymphocyte proliferation assay (LPA), assay for HTLV-1 proviral load, CD4+ and CD8+ T cells count. A total of 147 patients had an abnormal skin condition; 116 (79%) of these patients also had skin disorder associated with HTLV-1 infection (SD-HTLV-1) (xerosis/ichthyosis or seborrheic dermatitis). The most prevalent SD-HTLV-1 was xerosis/acquired ichthyosis (49%), followed by seborrheic dermatitis (27%). Three of them had the association of adult onset IDH and HAM/TSP. The patients with SD-HTLV-1 were older (51 vs. 47 years), had a higher prevalence of myelopathy/tropical spastic paraparesis (HAM/TSP) ( $p=0.015$ ), higher HTLV-1 proviral load ( $p=0.009$ ) and had an increased 3-day basal LPA compared with patients without SD-HTLV-1 ( $p=0.008$ ). T CD4+ and CD8+ cells counts show no significance. When HAM/TSP patients were excluded from the analysis, the HTLV-1 proviral load showed a significant difference ( $p=0.021$ ), while LPA showed no difference. There was a high prevalence of skin disorders (76%) among HTLV-1-infected individuals, regardless of clinical status. Initial HTLV-1 proviral load and age was higher in SD-HTLV-1 individuals, but

the LPA showed an increase only in SD-HTLV-1 subjects with HAM/TSP.

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