

JOURNAL OF THE INTERNATIONAL AIDS SOCIETY

POSTER PRESENTATION

Open Access

Liver fibrosis: concordance analysis between APRI and FIB-4 scores, evolution and predictors in a cohort of HIV patients without HCV and HBV infection

M Mendeni¹, E Focà^{1*}, D Gotti¹, N Ladisa², E Quiros-Roldan¹, A Vavassori¹, F Castelnuovo¹, G Carosi¹, G Angarano², C Torti¹

From Tenth International Congress on Drug Therapy in HIV Infection Glasgow, UK. 7-11 November 2010

Purpose of the study

Liver fibrosis (LF) progression is fated to become one of the major long-term complications in HIV patients, even in those without HCV or HBV co-infections (HIVmono-infected). The aim of this study was to assess LF progression in HIV-mono-infected patients and associated risk factors.

Methods

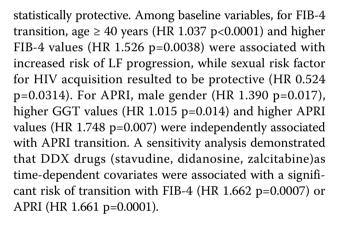
Observational retrospective study. All HIV naive patients who started HAART from 1996 to 2006 were included. Concordance between FIB-4 and APRI scores was assessed using the weighted kappa coefficient. Rates of transition from lower classes to higher classes were estimated by Kaplan-Meier analysis. Cox regression models were applied to assess possible predictors both at baseline and during the follow-up.

Summary of results

1,112 naive patients were selected. A moderate concordance between FIB-4 and APRI was demonstrated (K=0.573). For FIB-4, the incidence of transition to higher classes was 0.064 PYFU (95% CI, 0.056-0.072), while for APRI the incidence of transition was 0.099 PYFU (95% CI, 0.089-0.110). Viro-immunological control during HIV infection appeared to reduce the risk of both FIB-4 and APRI transitions. HIV-RNA <500 copies/ml (for FIB-4: HR 2.456 p<0.0001; for APRI: HR 2.084 p<0.0001) and higher CD4 T-cell counts only for FIB-4 (HR 0.881 p=0.0004 for 100 cells higher) during the follow-up were

¹Institute for Infectious and Tropical Diseases, University of Brescia, Piazzale Spedali Civili, 1, Brescia, Italy

Full list of author information is available at the end of the article



Conclusions

Our data suggest that a better viro-immunological control of HIV infection may slow down fibrosis progression provided that DDX are avoided. Moreover our analysis provided a comprehensive feature of the risk factors that should be controlled in clinical practice.

Author details

¹Institute for Infectious and Tropical Diseases, University of Brescia, Piazzale Spedali Civili, 1, Brescia, Italy. ²Institute of Infectious Diseases, Policlinico di Bari, Bari, Italy.

Published: 8 November 2010

doi:10.1186/1758-2652-13-S4-P92

Cite this article as: Mendeni *et al.*: Liver fibrosis: concordance analysis between APRI and FIB-4 scores, evolution and predictors in a cohort of HIV patients without HCV and HBV infection. *Journal of the International AIDS Society* 2010 **13**(Suppl 4):P92.



© 2010 Focà et al; licensee BioMed Central Ltd. This is an open access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.