

Abnormal vaginal cytology and colposcopy in a group of HIV infected women at Fundação de Medicina Tropical do Amazonas

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Background: The HIV infection in women is associated with a higher incidence of vaginal discharge, intraepithelial lesions and cervical cancer. Based on these information, it becomes important to know these alterations to develop strategies to provide screening programs. The aim of this work was to estimate the frequency of abnormal colposcopy in a group of HIV infected Women at Fundação de Medicina Tropical do Amazonas.

Methods: The study population consisted of HIV positive women, enrolled in a descriptive and transversal study to show cervical cytology and vaginal cytologic findings in HIV positive women.

Inclusion criteria - Womens HIV positive

Exclusion criteria: Womens without Uterus, patients HIV negative or patients with cervical carcinoma diagnosed before these study.

Results: 101 patients aged between 16-65 years were examined. Great part of the examined patients is between 25 and 35 years old (44,6%), has low educational level (52%), is white (53,5%), married (58,4%), lives in Manaus (51,5%) and has a family income equal to or lower than the minimum salary established by the Brazilian government (approximately US\$ 120,00). Vaginal wet smears with 10% potassium hydroxide and with normal saline showed that 41 patients had candidiasis, 28 bacterial *vaginosis*, 15 Trichomoniasis and no pathogen was noticed in 20 patients (normal cytology), 23 patients had more than one pathogen in wet smears. Pap smears showed 37,6% of bacterial *vaginosis* infection, 31,7% of lactobacillus, 16,8% of unapparent Flora, 4,0% from *Candida*, 2,0% from Trichomonas and 7,9% from other bacillus. A total of 12 smears (12,1%) were normal, 71 smears showed inflammation (71,8%), 11 revealed low grade squamous intraepithelial lesions and or infection by Humana papillomavirus (NIC I/HPV) (11,1%), 2 smears diagnosed high grade squamous intraepithelial lesions (NIC II/NIC III e microinvasive carcinoma) (2%), 3 smears showed atypical squamous cells of indeterminate significance (ASCUS) and 2 cytology were not satisfactory.

Conclusion: HIV infected women showed an increased rate of bacterial *vaginosis* infection and 5,6 fold more chances to have abnormal Pap smears than uninfected women in Brazil, specially those with low levels of CD4 and high levels of viral load. These results confirm the validity and importance of cervical screening by cytology.

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Co-infection of tuberculosis and histoplasmosis in HIV patients from Medellin, Colombia

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Background: It is shown the retrospective analysis of 26 patients (21men/5women) infected with HIV and simultaneous diagnosis of tuberculosis and disseminated histoplasmosis (DH). The patients were seen in the Hospital La María and at the Corporación para Investigaciones Biológicas in Medellín, Colombia.

Methods: The diagnosis of TB was made by histopathology in 13 cases, direct examination of sputum smears for acid-fast-bacilli in 8 cases, culture in 8 cases and BAL direct examination in 3 cases.

The diagnosis of DH was made exclusively by histopathology in 8 patients, BAL direct examination in 4 cases and simultaneous direct examination and culture in 10 cases.

Results: The evolution time of the HIV infection was of 33 months (0-144), with T CD4 lymphocytes count of 55 (3-152) cl/ul and viral load of 256 copies/ul (400-1.000.000). At the moment of the consultation only 8 (30,8%) of the patients had received HAART.

The evolution time of the symptoms was of 74 days (7-270) and the most frequently compromised organs were the lungs in 17 patients (65%), followed by the lymph-nodes in 10 (38%), bone marrow in 3 (11,5%), liver in 3 (11,5%) and the intestine in 2 (7,6%). Nineteen of the patients (73%) received Amphotericin-B as initial treatment, followed by Itraconazole. It was performed a monitoring of the Itraconazole serum levels, which were not detectable in 8 of 10 patients at the beginning and in 4 of 5 patients in positive controls. It was used a conventional anti-TB treatment with rifampicin, isoniazide, pyrazinamide and ethambutol. The assessment of the therapeutic response was performed after 15 days, 1 and 3 months, finding improvements in 64%, 75%, and 77% respectively, and no improvement in 32%, 21% and 10% respectively. Mortality was present in 1 patient with the first two controls and 3 at the third month (16%).

Conclusion: This underlines the importance of considering TB in association with endemic mycoses such as DH, in severe-immunocompromised-HIV patients from third-world countries. This diagnosis is only possible after clinical suspicion and the performance of adequate laboratory tests. The association of these infections makes therapy difficult and increase mortality risk.

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