

Methods: Retrospective analysis of confirmed PNL registered in leprosy clinic in our institute between January 2003 and July 2007 was undertaken. Demographic and clinical profile including onset of disease and presenting complaints, pattern of nerve involvement, presence of nerve abscess and deformities were analyzed. Investigations such as slit-skin smear (SSS), skin biopsy, electrophysiological study (EPS) and nerve biopsy were done.

Results: Of 1975 leprosy cases seen during this period, 188 (9.5%) had PNL which included 160 (85%) males and 28 (15%) females, with 121 (64.36%) cases within 20–40 years. Presenting symptoms were paresthesia, pain, sensory loss and motor weakness. Majority of the patients i.e. 119 (63.3%) had 2–5 nerve involvement while 49 (26%) had >5 nerve involvement. Ulnar nerve was most commonly involved in 130 (69.14%) cases followed by common peroneal in 91 (48.4%). Deformities included claw hand in 50 (26.6%), foot drop in 21 (11.17%) facial palsy in 2 and wrist drop in one patient only. Skin biopsies were non-specific in all cases. Nerve biopsy ($n=17$) revealed features ranging from normal, to infiltration with epithelioid cell granulomas, fibrosis, lymphohistiocytic infiltrate and AFB positive foamy histiocytes. EPS showed features of sensory/motor axonal neuropathy, demyelination, denervation with poor to moderate reinnervation or decreased sensory nerve action potential.

Conclusions: PNL is a distinct type of leprosy in India. Men are more commonly affected and ulnar nerve involvement is the most common manifestation. Sensory complaints are early and more common. Early diagnosis and treatment is helpful in preventing sequel due to nerve damage.

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Brucellar Epididymo-Orchitis: Review of 45 Cases in Babol North of Iran

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Background: Brucellar epididymo-orchitis is frequently seen in endemic regions of brucellosis. The purpose of this study was to assess the clinical manifestations and outcome of treatment on 45 cases of brucellar epididymo-orchitis.

Methods: From September 2000 to September 2007, 45 cases of epididymo-orchitis were treated and followed at the Research Center of Infectious Diseases of Babol Medical University in north of Iran. The clinical manifestations and outcome of treatment were recorded.

Results: The mean age of the patients was 32.5 ± 14 years. The mean duration of the onset of disease to diagnosis was 21.5 ± 12 days. Simultaneous involvements of other organs were seen in 19 (42.2%) cases. Thirteen cases (28.8%) were treated by co-trimoxazole + rifampin for two months and relapse was seen in 1 (7.7%) case and orchitomy was performed in 2 (15.4%) cases due to destruction of the testis.

teen cases were treated by gentamycin for seven days and doxycycline for 45 days and relapse was seen in 1 (5.3%) case. The efficacy of gentamicin plus doxycycline (94.7%) or cotrimoxazole plus doxycycline (92.3%) were higher than cotrimoxazole plus rifampin (76.9%) ($p < 0.05$).

Conclusion: The results of this study show that simultaneous involvement of other organs are frequently seen in subjects with epididymo-orchitis. Treatment with gentamicin plus doxycycline or cotrimoxazole plus doxycycline both are recommended for therapy of brucellar epididymo-orchitis.

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The Expanded Access Program to HAART in Chile: Baseline Characteristics and Primary Outcomes of Patients Receiving Treatment, Evaluated Through the Chilean AIDS Cohort (ChiAC)

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Background: Chile, a middle-income country with a population of 16.2 million, has a HIV prevalence of $\approx 0.3\%$ in adults. Since 2001 there is an expanded access program (EAP) for HAART that reached 100% coverage in 2003; around 13,000 patients are under health care, 85% in the public health system (PHS). 70% of the patients under control required and received treatment, according to the national guidelines. Distribution of therapy is centralized and each request is reviewed and approved on an individual basis. The system provides for free: HAART, CD4, viral load (VL) and genotype tests as well as additional budget for diagnosis and treatment of AIDS related diseases. The outcomes of the EAP in the PHS, have been evaluated by ChiAC, which has enrolled almost 95% of patients on HAART since 2001.

Methods: ChiAC database was analyzed for baseline (BL) characteristics and primary outcomes: mortality, maintenance of initial regimen and AIDS free survival. Descriptive statistics was used.

Results: In 3649 treatment nave patients (15% female) on HAART, with a follow up (f/u) of 9442 patient-years: BL CDC status: A:23%, B:23.6%, C:53.4%; BL CD4 below 200 cells/ μ L:83.4% (51% < 100). Most common first HAART regimen was Combivir® plus efavirenz. Less than 10% received protease inhibitors initially.

Outcomes at 3 years of f/u: 57.5% remained on initial therapy, 20.6% on second HAART, 4.9% had ≥ 3 HAART regimens. Mortality by BL CD4 count: CD4 0–99: 12.5%, CD4 100–199: 3.5%, CD4 >200: 3.1%. Change of HAART due to toxicity: 47%. VL <400 and <80 cps/mL at 3 years were 77.4% and 54.3%, respectively.

Overall survival at 3 and 5 years of HAART was 90.5% and 88% respectively; AIDS free survival at 3 and 5 years was 86% and 83% respectively.

Conclusions: The EAP to ART in Chile is succeeding in achieving high viral control and survival of HIV patients. These results are comparable to those of high income coun-