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Introduction

- *Talaromyces marneffe* (TM) is endemic disease in many areas in Southeast Asia, South China, Hong Kong, Taiwan, and India
- This disease is also the fourth most common opportunistic infection in human immunodeficiency virus (HIV) -infected patients in northern Thailand
- However, the optimal time to start antiretroviral therapy (ART) in HIV-infected patients with TM infection is still not clear

Objectives

- This study aimed to determine the appropriate time for initiation of ART in HIV-infected patients with TM infection

Materials and Methods

- This Retrospective observational-cohort study was done by reviewing the medical records of HIV-infected patients with TM infection at Chiang Mai University Hospital from January 1, 2001 to October 31, 2015
- Patients were allocated to early ART (< 30 days of starting TM infection treatment) or delayed ART (> 30 days of starting TM infection treatment) and followed until 48 weeks after starting ART
- Demographic and clinical data were recorded

Results

- A total of 81 patients were enrolled to the study (20 patients in the early ART group and 61 patients in the delayed ART group)
- The median of absolute CD4 cell count at enrollment in the early vs delayed ART group were 17.00 and 25.50 cells/mm³, respectively (p = 0.07)

Results

Table 1. Outcomes at 24 weeks

Outcome	Total (N=81)	Early ART (N=20)	Delayed ART (N=61)	p value
Death, n (%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	-
Hospitalization, n (%)	7 (8.64%)	2 (10.00%)	5 (8.20%)	0.56
New AIDS-related OI, n (%)	8 (9.88%)	0 (0.00%)	8 (13.11%)	0.09
Relapse of TM, n (%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	-
TM IRIS, n (%)	2 (2.47%)	1 (5.00%)	1 (1.64%)	0.44
Virological failure, n (%)	6 (12.50%)*	1 (7.14%)	5 (14.70%)	0.66

*Missing data = 33

Table 2. Outcomes at 48 weeks

Outcome	Total (N=81)	Early ART (N=20)	Delayed ART (N=61)	p value
Death, n (%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	-
Hospitalization, n (%)	11 (13.58%)	4 (20.00%)	7 (11.48%)	0.45
New AIDS-related OI, n (%)	10 (12.35%)	1 (5.00%)	9 (14.75%)	0.44
Relapse of PM, n (%)	3 (3.70%)	1 (5.00%)	2 (3.33%)	1.00
TM IRIS, n (%)	2 (2.47%)	1 (5.00%)	1 (1.64%)	0.44
Virological failure, n (%)	5 (12.82%)*	2 (18.18%)	3 (10.71%)	0.61

*Missing data = 42

Results

- There were no reports of deaths in both groups
- The hospitalization rates were not statistically different between the early and delayed ART groups at 24 (10.00% vs 8.20%; p = 0.56) and 48 weeks after ART (20.00% vs 11.48%; p = 0.45)
- The prevalence of opportunistic infections (such as CMV infection, etc.) differed between the early and delayed ART groups at 24 weeks after ART, but it was not statistically significant (0.00% vs 13.11%; p = 0.09)
- There were no statistical difference of the prevalence of other opportunistic infections, relapse of TM infection, IRIS and virological failure at 24 and 48 weeks after ART between both groups

Conclusions

- There were no differences in mortality, hospitalization rate, relapse of TM infection, IRIS and virological failure between early and delayed ART groups
- Although there was a trend for higher rate of other opportunistic infections in the delayed ART group; this was not statistically significant
- Further prospective study is needed