



ORAL PRESENTATION

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Hepatic cytolysis and Hepatitis E Virus infection in HIV-positive patients

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Background

Hepatitis E is an emerging infection in developed countries and progression to chronic hepatitis has been recently reported in some organ transplant recipients. The prevalence and evolution of hepatitis E in HIV-infected patients are unknown. The aim of the study was to assess hepatitis E virus (HEV) infection in HIV-infected patients attending a French Parisian hospital.

Methods

Out of 1250 HIV-infected patients attending the clinics, 108, with elevated transaminase episodes during the last four years, were included in the study. Two hundred and twelve episodes were recorded and 191 plasma samples (1 to 8 per patient), collected simultaneously to the episodes, were retrospectively tested for the presence of anti-HEV IgM and IgG antibodies and HEV RNA.

Results

An acute infection, documented by positive tests for anti-HEV IgM, low anti-HEV IgG avidity index (10%) and plasma HEV RNA (genotype 3e), was diagnosed in an homosexual patient with a moderate immunodepression (CD4+ lymphocyte count above 200/mm³). This infection was likely locally acquired. It was benign and resolved within two weeks. No persistent carriage of HEV occurred. In addition, three past infections were evidenced, all of them in patients originating from countries with low socio-economic status. No persistent infection was diagnosed in our cohort.

Discussion

HEV should be tested in HIV-infected patients with elevated transaminase levels. HEV RNA detection should be used to diagnose the infection and monitor recovery.

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