

Liver cirrhosis in HIV-infected patients. Baseline characteristics of a large prospective cohort of 9 hospitals in Spain.

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Objective: To describe baseline characteristics of a prospective cohort of HIV-infected patients with liver cirrhosis. To compare immunological and virological status in patients with compensated and decompensated cirrhosis.

Methods: Multi-center national prospective cohort of 373 patients diagnosed with cirrhosis by liver biopsy (cirrhosis or advanced bridging fibrosis), Bonacini Score >8 or prior hepatic decompensation.

Results: Cirrhosis diagnosis: biopsy, 234 (63%), Bonacini Score 41 (11%), prior decompensation 98 (26%). Mean age, 44; female 22%. Cause of cirrhosis: 358 (96%) chronic HCV (58% genotype 1, 23,5% genotype 3) Estimated median duration of HCV infection: 23 (20-25) years. 25 (6,7%) chronic HBV (35,5% had delta hepatitis virus serology performed, all positive). Alcohol abuse: 31% prior, 16% current. Prior IVDU, 88%. 206 (57,5%) have received anti-HCV treatment (39 sustained virological response, 112 no response and 55 still receiving treatment or just finished). 64,3% prior AIDS diagnosis: 85,3% receiving HAART. Median CD4 374. 61,5% had HIV-RNA < 50 copies/mL (Table 1). Most frequently used antiretrovirals 3TC (65,7%), TDF (39,4%), Efavirenz (24,7%) Lopinavir (23%). 24/256 (9,4%) had previous severe antiretroviral hepatotoxicity. Child-Pugh A 246 (66%), B 65 (17,4%), C 27 (7,2%). 18% met guidelines criteria for liver transplantation.

	CD4 count (median,IQR, only patients on HAART)	HIV RNA<50cop/ml N(%; only patients on HAART)	HAART N(%)
Decompensated Cirrhosis	261(170-374)	47/72(65,3)	77(78,6)
Compensated Cirrhosis	427 (270-620)	162/232(69,8)	241(87,6)
	p<0,000	p 0,467	p 0,03

Conclusions: HCV coinfection is the most frequent cause of liver cirrhosis in this large cohort of HIV infected patients. 26% of cirrhotic patients treated for VHC have achieved sustained virological response. Patients with decompensated cirrhosis were less likely to be receiving HAART. Although rates of HIV suppression did not differ between compensated and decompensated cirrhosis, the absolute CD4 cell count was significantly lower in patients with decompensated cirrhosis.