Cryptococcosis (CR) is one of the main lethal opportunistic diseases for HIV/AIDS patients. Thus, a regional clinico-epidemiological study of the mycosis becomes relevant for a better understanding and approach to the disease.

Objective

Evaluate all Cryptococcosis cases in HIV/AIDS patients treated at the Regional HIV/AIDS Reference Service of the University Hospital (HU) of the Federal University of Rio Grande (FURG), Rio Grande do Sul (RS), Brazil, during seven years.

Methods

Data

- Databases of the local laboratories
- Medical file services
- Electronic medical records

Population

- HIV/AIDS + CR (all cases)
- Period: January/2010 - December/2016

Cryptococcosis Cases

- Positive culture (PC) - Cryptococcus sp. (CSF, BAL, PF and/or blood)
- Latex agglutination test for Cryptococcal antigen: title ≥ 1:8 (CFS-Serum)

Criteria for CR clinical classification

- Pulmonary: PC from respiratory samples
- Neurocryptococcosis: PC from CSF
- Disseminated: PC from blood sample and/or disease involving two non-contiguous sites and CSF and serum cryptococcal antigen title ≥ 1:512

Results

Clinical Cases (n=70)

- Age = 39.9 years old (20-78)(SD=11.4)

Species (positive culture n= 44)

- All of them Cryptococcus neoformans

Mortality (n=37/70)= 52.9%

- Life Expectancy= μ 82 days (2-930)(SD= 168.7)
- Hospitalization= μ 39.4 days (SD= 31.3)

Cryptococcosis as an AIDS defining condition (28/70) = 40%

Recurrent Cases (14/70) = 20%

Clinical Presentation

- Disseminated
- Neurocryptococcosis
- Pulmonary

Signs and Symptoms

- Headache: 61%
- Fever: 53%
- Sensory deficit: 47%
- Nausea and vomiting: 44%
- Cough: 33%
- Dryness (22)
- Motor deficit: 21%
- Visual changes (14)
- Convulsion (10)
- Stiff neck (3)
- Coma: 20%
- Asymptomatic (2)

Laboratory Data

- Prognostic Signs
  - TCD4+ = ± 73 cell / mm³ (SD = 98.8) (53/70)=75.7%
  - TCD4+ < 100 cells / mm³ (42/53) = 79.2%
  - TCD4+ < 50 cells / mm³ (34/53) = 64%
  - Viral load ≥ 50,000 copies (40/53) = 75.5%
  - Leukocytes (CSF) ≤ 10 cells / mm³ (42/51) = 82.4%
  - Latex Title ≥ 1:1024 (45/67) = 62%

Conclusion

Our study highlights the relevance of CR co-infection in HIV/AIDS patients from the HU-FURG Regional Reference Service, showing the high prevalence of the disease, and its poor prognosis, as well as its high rates of recidive and co-infection with other opportunistic diseases.