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### **BODY FAT CHANGES AND LIPODYSTROPHY IN HIV-INFECTED CHILDREN: IMPACT OF HAART**

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**BACKGROUND:** Lipodystrophy is increasingly recognized in HIV-infected adults treated with highly active antiretroviral therapy (HAART), but paediatric data are at the moment extremely scanty. The purpose of this study was to determine the impact of HAART on body fat redistribution in children.

**METHODS AND RESULTS:** We carried out a cross-sectional study of 98 HIV-infected children (59 had taken HAART, of whom 24 received a regimen containing protease inhibitors [PIs]; 23 received stavudine [d4T]; 39 had never been treated). Anthropometric measurements including mid-arm, waist, thigh, calf circumferences and skinfold thickness (biceps, triceps, subscapular, suprailiac) were measured. Children exposed to PIs had reduced triceps and subscapular skinfolds compared with both non-PI treated children and untreated children ( $P < 0.05$ ). Suprailiac skinfold thickness was also significantly reduced in the HIV-infected children on a regimen containing PIs and d4T compared with untreated children ( $P = 0.02$ ). HIV-infected children receiving HAART both with and without PIs had lipid abnormalities, with higher total cholesterol levels compared with untreated children ( $P = 0.001$ ).

**CONCLUSIONS:** HIV-infection in childhood treated with HAART is associated with body fat redistribution changes that are most pronounced in children exposed to PI therapy. Longitudinal studies are required to differentiate the relative impact of different HAART regimens and to assess the potential for prevention.



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