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PREVALENCE AND RISK FACTORS OF PUBIC LIPOMAS IN HIV-INFECTED PATIENTS

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The natural history of lipodystrophy (LD) and body fat changes is not known. The object of this study was to describe a new clinical picture apparently associated with LD characterized by the emergence of a subcutaneous lipoma in the pubic region. Prevalence and risk factors of pubic lipomas (PL) were analysed in a observational cross sectional study in patients with lipodystrophy attending a metabolic clinic in northern Italy. Inclusion criteria were physician-confirmed diagnosis of LD according to the Multicenter AIDS Cohort Study (MACS) definition and a PL readily noticeable by patient or physician or to a casual observer. Laboratory studies, physical examinations, imaging findings and LD case definition were recorded. 582 patients, 214 females (36.7%) and 368 males (63.3%) were evaluated. The overall prevalence of PL in the study group was 9.4% (CI 7.2–12.1%, $P < 0.0001$). PL were related to obesity and with the presence of subcutaneous fat pad in the dorsocervical region, commonly called 'buffalo hump' (BH). Prevalence of PL in non obese HIV-infected population was 8.0% (CI 5.9–10.6%, $P < 0.0001$). Prevalence of PL in people with BH was 18.5% (CI 4.03–8.83%, $P < 0.0001$) with a relative risk of 3.02 (CI 1.84–4.96%, $P < 0.0001$). Logistic regression analysis identified the following possible risk factors for PL: BMI ($\beta = 0.18$, $es = 0.04$, $P < 0.001$) gender ($\beta = 1.06$, $es = 0.31$, $P < 0.001$) and HIV duration ($\beta = -0.005$, $es = 0.003$, $P = 0.04$). Both female sex and short HIV duration of therapy were considered to be proxy variables to BMI. A chain graph model was used to consider together risk factors for BH and PL. A non-null interaction between these two joint clinical pictures was present which appears independent by the explicative variables, BMI and gender. PL prevalence is a clinical entity that needs to be included in the description of morphological alteration of LD. An unknown pathogenic mechanism common to BH and PL is hypothesized.

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