

# 15th Annual Conference of the British HIV Association



1-3 April 2009, Liverpool, UK

## TISSUE BIOPSY IN HIV-INFECTED PATIENTS: HOW OFTEN DO SAMPLES GET SENT FOR MICROBIOLOGICAL ANALYSIS?

*HIV Med* 2009 Apr 1-3; 10(Suppl. 1):51 (abstract no. P124)

E Elliot, D Churchill, Y Gilleece, M Newport and M Llewelyn  
*Lawson Unit, Royal Sussex County Hospital, Brighton, UK*

---

**BACKGROUND:** In order to make a diagnosis of many opportunistic infections and tumours in patients with HIV infection, biopsy of lymph nodes or other tissue is often needed. To maximise the chance of precise diagnosis, samples should be submitted for both microbiological and histological processing. Following several instances when tissue was sent only to histology, we performed a study to assess how often samples were inappropriately not sent for microbiological analysis.

**METHODS:** We identified all tissue sampling undertaken on HIV+ patients between 2003 and 2008 at our hospital by reviewing hospital coding records from 2003 to 2008 and approximately 140 weekly ward lists from the HIV ward from 2006 to 2008. We then used the hospital pathology database to identify those specimens that were sent to histopathology and microbiology. Indications for sampling and final diagnosis/outcome were documented. Details were reviewed independently by four consultants in HIV Medicine and Infectious Diseases to identify those samples that should have been sent to microbiology.

**RESULTS:** Sixty-two samples that would be expected to go to microbiology were identified. All were sent to histopathology but only 20 were also sent to microbiology. Out of 42 samples that were not sent to microbiology, request forms in 28 clearly stated TB or other infection as a potential diagnosis. Of these 42 samples, 13 samples from 12 patients subsequently had mycobacterial ( $n=9$ ) or other infection identified on blood cultures, re-sampling or histology.

**CONCLUSIONS:** Less than a third of tissue samples in HIV patients are sent to microbiology, resulting in many missed or delayed diagnoses. We have presented our results at HIV, surgical and

radiology clinical governance meetings, and are developing clearer clinical pathways for tissue biopsy in HIV+ patients to try to eliminate the problem.

2009-04-01  
P124

---

Copyright © 2009 - [British HIV Association \(BHIVA\)](#) Reproduction of this abstract (other than one copy for personal reference) must be cleared through the BHIVA Organising Secretariat 1 Mountview Court, 310 Friern Barnet Lane, London N20 0LD