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[PL6.3] ORGAN TRANSPLANTATION IN HIV-INFECTED PATIENTS &NDASH; MANAGEMENT AND OUTCOME EXPERIENCES FROM EUROPE AND NORTH AMERICA

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PURPOSE OF THE STUDY: With the recent advent of highly active antiretroviral therapy (HAART), those patients infected with HIV are now living longer and dying from illnesses other than acquired immunodeficiency syndrome (AIDS). Liver disease due to chronic hepatitis B and C is now a leading cause of mortality among HIV-infected patients in the developed world. Furthermore, other end-stage organ diseases, like kidney or heart, are also increasing among HIV-infected patients. For these patients solid organ transplantation (SOT) is the only therapeutic option. Accumulated experience in North America and Europe in the last five years indicates that three-year survival in selected HIV-infected recipients with liver or kidney transplants was similar to that of HIV-negative recipients. So, HIV infection by itself is not therefore a contraindication for SOT. The current selection criteria for HIV-positive transplant candidates include:

1. ideally no history of opportunistic infections or HIV-related cancers, although some treatable and preventable opportunistic infections such as tuberculosis, candidiasis or *Pneumocystis jirovecii* pneumonia (PCP) are not an exclusion criteria for some groups;
2. CD4 cell count >200 cells/mm³ (or >100 cells/mm³ for liver transplantation); and,
3. Plasma RNA HIV viral load undetectable or suppressible with antiretroviral treatment.

For drug abusers, abstinence from heroin and cocaine is required, although patients can be in a methadone programme. The main problems in the post-transplant period are pharmacokinetic and pharmacodynamic interactions between antiretrovirals and immunosuppressors, and the high rates of acute rejection. The management of HCV co-infection is also very difficult. In fact, HCV re-infection in liver transplant HIV-infected patients is the main cause of mortality. Up to now, the experience with

pegylated interferon and ribavirin treatment is scarce in this population.

Plenary Session: HIV-related Infections, Co-infections and Malignancies I

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