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## AUTOPSIES IN HIV: STILL IDENTIFYING MISSED DIAGNOSES

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**BACKGROUND:** Mortality due to HIV has greatly reduced due to the introduction of chemoprophylaxis for opportunistic infection (OI), improved anti-microbial therapy, better diagnostics and highly active antiretroviral therapy. Despite these interventions, deaths still occur in developed world cohorts. Post mortem examination remains a sensitive issue but can provide important information to confirm cause of death, or change the presumed cause and eventually change practice.

**METHODS:** A retrospective study of all HIV positive patients known to have died while under the care of our Unit between 1983 – 2005. Information was obtained from case notes and autopsy reports. We assessed pre-mortem diagnoses, proportion of autopsies performed, and changes in diagnoses after autopsy.

**RESULTS:** Data were available on 107/115 patients who died between 1983 – 2005. 81% were male and median age was 37.7 years (25 – 55). Ethnic origin was 82% caucasian, 12% Black African, 1% Asian and 6% South American. HIV risk factors included MSM 52%, heterosexual contact in Europe 11%, sexual contact in sub-Saharan Africa 17%, 9% injecting drug user and 3% from blood products. Autopsy was requested in 54 (50.4%) and carried out in 41 (38%), A substantive change in primary cause of death was found in 21 (51.2%) patients. 70.7% of all diagnoses were changed post-mortem. The commonest cause pre and post-mortem was respiratory tract infection, pre 26.2% and post 36.6%. Overall, 42% of total OI diagnoses were missed. There was little change in premortem diagnostic inaccuracy in the decade 1996 – 2005 compared to previous years.

**CONCLUSIONS:** The cause of death changed in the majority of patients who underwent autopsy. Autopsy provides useful information for future management of patients with HIV and should be

considered in every HIV related death. Opportunistic infections continue to be a significant cause of death in the HAART era Despite excellent resources, investigative tools remain inadequate for diagnosis.

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