

## INFECTION PATTERNS IN HIV POSITIVE AND HIV NEGATIVE RENAL TRANSPLANT PATIENTS

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HIV positive transplant recipients may have additional risk factors for infectious complications. Our goal is to analyze the frequency, timing and causative agents of infections in HIV positive and HIV negative renal transplant patients.

The charts of 36 HIV positive patients transplanted between May 2001 and December 2006 were reviewed. These patients were compared to 36 HIV negative renal transplant patients, who were randomly selected from 799 kidney recipients transplanted during the same time. Microbiology data were reviewed from electronic patient folder database.

During the study period twenty six (72%) HIV positive patients and 25 (69%) HIV negative patients developed infection. Urinary tract infection (UTI) developed in 14/36 (39%) HIV positive patients and 11/36 (30%) HIV negative patients. 11/36 (30%) of patients developed blood stream infections in both HIV positive and negative groups. Soft tissue or skin infection developed in 10/36 (28%) HIV positive patients and 3/36 (8%) HIV negative patients. Intra-abdominal infection developed in 5/36 (14%) patients in both groups.

During the first post-transplant year, 48 episodes of infection occurred in HIV positive patients compared to 33 in HIV negative group. UTI was the most common infection during the first year after transplantation in both groups: 17/48 episodes in HIV group and 11/33 in HIV negative group. There were 14/48 episodes of bloodstream infection in HIV group and 11/33 episodes in HIV negative group. There was 21/48 (44%) infection episode caused by drug resistant bacteria (MRSA, VRE and ESBL-producing bacteria) in HIV group compared to 8/33 (24%) in the non HIV group.

After one year after transplantation, there were 28 infections in both HIV+ and HIV- groups. Drug resistant organisms were responsible for 6/28 episodes in HIV+ group and 7/28 episodes in HIV- group.

HIV positive patients may have a trend in developing more infections, especially caused by drug resistant bacteria, during the first year after kidney transplantation. After one year of transplantation no difference in infection patterns was noted. A larger study is needed to confirm this finding.