HIGH LEVEL DRUG RESISTANCE IN PATIENTS ON CHRONIC ANTIRETROVIRAL TREATMENT PRESENTING WITH OROPHARYNGEAL CANDIDIASIS IN KENYA

Abstract

Introduction: Development of oropharyngeal candidiasis (OPC) in HIV infected patients on highly active antiretroviral therapy (HAART) is associated with failure of antiretroviral treatment.

Methods: Type (pseudomembraneous, erythematous candidiasis or angular cheilitis) and previous episodes of OPC were recorded for HIV-infected patients on HAART. CD4 cell counts, duration, regimen and adherence on HAART were compared between patients with detectable (1000 copies/ml) and undetectable HIV-RNA levels. Genotypic resistance testing was performed on those with detectable viral loads.

Results: Out of 45 patients with OPC n = 29, 64 had detectable HIV-RNA levels, mostly (27/29) presenting with pseudomembranous candidiasis. The 29 patients had significantly more previous episodes of OPC (55 versus 18; P, 0.0373) and higher median CD4 cell counts (75 versus 52; P < 0.001). HIV genotyping performed in 22 of the patients showed that most (19/ 22) had at least one drug resistance mutation. Majority (14/22) had at least one thymidine analogue mutation (TAM) mostly (12/ 14) presenting as multiple TAMs. Distribution of TAMs was: T215F/Y (N = 12), M41L (n = 12), L210W (n = 5), D67N (n = 4), 219 (n = 3) and 7OR (n = 2). Lamivudine associated M184V was common (n = 13). No 65R mutation was found. One patient had major PI mutations.

Conclusions: Virological failure and mutli-drug resistance including TAMs should be suspected in patients on chronic HAART that present with pseudomembranous candidiasis.