

M.B.2424 ECHOCARDIOGRAPHIC STUDY IN PATIENTS WITH HIV INFECTION

Veloso, Valdiléa Gonçalves; Xavier, S.S.; Cavalcante, S.; Rolla, V.C.; Moreira; R. B.; Grinsztejn, B.; Chicarino, J.C..

Hospital Evandro Chagas - Oswaldo Cruz Institute - FIOCRUZ- Rio de Janeiro - Brazil.

In order to determine the prevalence of echocardiographic abnormalities in patients with HIV infection M-mode and two dimensional echocardiographic were performed on 65 patients with HIV infection including 28 asymptomatics, 7 ARC and 30 AIDS (CDC-1987). Fifty-six were male and 9 female with ages ranging from 24 to 64 years (average 28,4). Echocardiographic abnormalities in AIDS and in non AIDS group were statistically compared using the Fisher's test. Abnormalities were observed in 20 (31%) patients, in 7 of them however, abnormalities were related to congenital or hipertensive cardiopathy and not to HIV infection. The 13 (20%) remaining presented pericardial effusion 8 (12,3%), dilated cardiomyopathy 6 (9,2%) and pulmonary arterial hipertension 1 (1,5%). Initial clinical manifestation of AIDS were due to the cardiac damage in 3 of these patients. Echocardiographic abnormalities were significantly higher in AIDS group ($p < 0,004$); only one patient was asymptomatic (group II - CDC-1987), showing a mild dilated cardiomyopathy. Among the AIDS patients 9 (75%) presented oportunic infection including P. carinii pneumoniae (4), disseminated tuberculosis (2), pericardial tuberculosis (1), disseminated histoplasmosis (1) and cryptococcal meningitis (1) and two of them presented Kaposi's sarcoma. Autopsy was performed in five patients and ethiology was obtained in one case by pericardial biopsy. We conclude that echocardiographic abnormalities are frequent in HIV infection mainly in the patients with AIDS and that echocardiographic can be a useful tool to distinguish clinical manifestation common to pulmonary and cardiac involvement.