

## Early Versus Delayed Antiretroviral Therapy in HIV-positive People with Tuberculosis

**Authors :** Mohhamed El Habib Labdouni

**Abstract :** Introduction: Co-infection with VIH and tuberculosis poses one of the major ongoing challenges for global TB and AIDS prevention and control. The objective of this study is to raise the issue of the resurgence of TB, in People living with VIH supported in a referent center in western Algeria. Its epidemiological, clinical, biological and radiological new trends, and to compare the mortality rate between early and delayed ART. Methods: It was a prospective study, during 36 months from the 01st/01/2012 to 31st/12/2014, by identifying and analyzing cases of TB-VIH co-infection. Our population was devised in two groups/ early ART and delayed ART. The primary and secondary endpoints were analyzed with Kaplan-Meier curves and log-rank test the period of follow up, which was fixed at 300 weeks. Results: Sixty cases of co-infection TB -VIH were enrolled in our study: 78.3% had pulmonary tuberculosis associated with extra-pulmonary, 13.3% had only pulmonary tuberculosis and 08.3% presented strictly extra-pulmonary TB. The clinical particularity of this co-infection is the frequency of serious localization such as: pleural 23.3%, peritoneal 31.7%, and meningeal suffusion 13.3%.y-.biologically we notice the predominance both of pancytopenia and leucoanemia, hyponatremia in 38,6% and hypokalemia in 19,3%. By analyzing Kaplan-Meier survival curves, we notice that early ART initiation is associated with a significant reduction of all-cause mortality ( $p = 0,000$ ), and we have identified several prognostic factors such as hypokalemia hyponatremia, leukocytosis thrombopenemia leucothrombopenia ( $p = 0,005$ ). Conclusion: Our study confirms most of the results reported in the literature. Early ART initiation reduces the rate of all-cause mortality, despite the probability of the occurrence of TB-IRIS.

**Keywords :** TB-HIV co-infection, early ART, hyponatremia, extrapulmonary tuberculosis

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