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MEETING ABSTRACTS Open Access

Prevalence of HIV-associated malignancies among PLWHAs accessing HIV services in Abia State, Nigeria

Charles Adisa[1*], Onyeonoro Ugochukwu[1], Aniele Agu[1], Ndukauba Eleweke[1], Chisara Umezurike Onwuchekwa[2]

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Background

Malignancies are features of late HIV presentation. In Nigeria the eligibility criteria for enrollment into ART programme is CD4 cell count ≤200 cells/mm^3 or stage of IV of HIV/AIDS. Studies linking HIV/AIDS databases to cancer registries have shown a decrease in AIDS-related malignancies and an increase in non–AIDS-defining malignancies. However, in Nigeria, pattern and prevalence of malignancies among PLHWAs are understudied. The objective of this study was to determine the pattern and prevalence of HIV-associated malignancies among PLWHAs in Abia State, Nigeria.

Methodology

This was a retrospective review of records of PLWHAs assessing care in 3 selected ART centers in the State. The 3 centers which comprised 2 tertiary, and a secondary, health care facilities were purposely selected because they accounted for about 70% of the total client load of PLWHAs in the State. All records of patients who have accessed care in the facilities since 2007, when ART programme commenced in the State, were reviewed. Relevant data such as sex, age, CD4 cell count at first visit, clinical stage of HIV disease, year of enrollment, presence of OIs, and presence of malignancies were collected. Data collected were analyzed using SPSS version 15.

Results

Of the 896 patient's record so far reviewed, 68% were females and 32% males. Mean age was 32.5±9.6 years for females and 44.9±11.7 years for males. 80% of them had their CD4 cell count at first visit recorded in their treatment card. The mean CD4 cell counts at presentation were 365.9+299.8 for females and 285+262.9 for males. 33.8% and 48.1% of the females and males, respectively, were eligible for ART based on CD4 cell count of ≤ 200 cells/mm^3. The mean CD4 cell count at presentation for males eligible for ART was 78.1± 64.5 cells/mm^3 compared with 91.7±60.5 cells/mm^3 for females. No case of malignancy has been reported among those reviewed so far.

Conclusion

Although with CD4 cell count of <500 cell/mm^3 one would have expected increasing prevalence of malignancies among the patients, none was so far reported. This is probably because the ART card/proforma used in capturing the data from enrolled patients has no provision to capture malignancies or HIV care providers and lacks resources required for diagnosis of cancers. There is therefore a need for health care providers to be properly trained to detect malignancies in PLWHA and also increase their indices of suspicion.

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Author details
[1]Surgery Department, Abia State University, Aba, Nigeria. [2]Nigerian Christian Hospital, Nlagu, Nigeria.

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* Correspondence: adisayinka@yahoo.com
[1]Surgery Department, Abia State University, Aba, Nigeria
Full list of author information is available at the end of the article