1405. The Accuracy of Mycobacterium tuberculosis Specific IFN-γ/IL-2/TNF-α Fluorospot in Differentiating Active Tuberculosis and Latent Tuberculosis Infection: A Case-Control Study
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Session: P-80. Tuberculosis and other Mycobacterial Infections

Background. To establish the Mycobacterium tuberculosis (MTB) specific IFN-γ/IL-2/TNF-α Fluorospot assay, and preliminarily evaluate its accuracy of differential diagnosis of active tuberculosis (ATB) and latent tuberculosis infection (LTBI).

Methods. Patients with pathologically confirmed and clinically diagnosed ATB in Peking Union Medical College Hospital and Beijing Chest Hospital from April 2020 to May 2021 were enrolled as case group, while patients with LTBI in the same period were enrolled as control group. The Fluorospot assay was used to simultaneously detect the secretion of IFN-γ, IL-2 and TNF-α in T cells stimulated by the MTB specific antigens ESAT-6 and CFP-10 at the single-cell level. A binary logistic regression model was used to fit the combined diagnostic parameters, and the sensitivity, specificity, predictive value and likelihood ratio of the differential diagnosis of ATB and LTBI were calculated.

Conclusion. Tuberculosis is the most common opportunistic infection in people with HIV. Despite the advent of highly active triple therapy, tuberculosis is still a major cause of death in HIV positive people.

Disclosures. All Authors: No reported disclosures

1404. Tuberculosis and HIV Coinfection: A Review of 135 Cases Experience of the Infectious Diseases Department- CHU Mohamed VI- Marrakech
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Session: P-80. Tuberculosis and other Mycobacterial Infections

Background. Tuberculosis is a health problem in Morocco, which is increasingly indicative of human immunodeficiency virus (HIV) infection.

Objective. To determine the epidemiological, clinical and paraclinical, therapeutical and evocative aspects of tuberculosis and HIV co-infection.

Methods. We report 135 cases co-infected with HIV and tuberculosis, collected by the infectious diseases department at the Mohammed VI University Hospital in Marrakech. This is a 12-year retrospective study (2007 to 2020) that involved all HIV-infected patients hospitalized for tuberculosis regardless of its location.

Results. The mean age of the patients was 40 years (17-73 years). A male predominance was noted in 69% of cases. In 74.6% of cases, tuberculosis was indicative of HIV infection. Nine patients were receiving antiretroviral (ARV) treatment at the time of the discovery of tuberculosis. There were 24% pulmonary tuberculosis, 25.3% extrapulmonary tuberculosis and 49% disseminated tuberculosis. Tuberculosis was confirmed in 31.7% of cases. At the time of tuberculosis diagnosis, the average CD4 count was 86 cells / mm. Quadruple therapy with isoniazid, rifampicin, pyrazinamide and ethambutol was started in 83% of patients. The average time to start ARVs was 7 weeks. All patients who received ARVs received a combination therapy comprising the combination of 2 nucleoside analogs and one non-nucleoside analog. At the end of our work, the evolution was favorable in 53% of cases, death occurred in 25% of cases, 18.6% of patients were lost to follow-up, two cases of failure and another of relapse. Immune restoration syndrome was noted in 8 cases. Drug toxicity was observed in 24.5% of patients, 73% of which was related to hepato-toxicity of antibacillary drugs.

Conclusion. Tuberculosis is the most common opportunistic infection in people with HIV. Despite the advent of highly active triple therapy, tuberculosis is still a major cause of death in HIV positive people.

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1403. Tuberculous sacroiliitis: Clinical and Imaging Characteristics
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Session: P-80. Tuberculosis and other Mycobacterial Infections

Background. Osteoarticular tuberculosis remains a common disease among which the spine is the most affected site. Less frequently, sacroiliac joint is involved. Its diagnosis is often delayed due to misleading and varied symptoms. The aim of this work was to study the clinical features and the contribution of imaging results in the diagnosis of tuberculous sacroiliitis.

Methods. We conducted a retrospective study including all patients hospitalized in the infectious disease department for tuberculous sacroiliitis. The diagnosis was based on clinical, laboratory and radiological features.

Results. In total, we encountered 12 women and 4 men with a median age of 51 [39-63] years. Three patients had a family history of tuberculosis (25%). The median diagnostic delay was 155 [48-331] days. The revealing symptoms were lower back pain (75%) and hip pain (25%) associated with fever (83.3%) and weight loss (75%). Reduced mobility was noted in 3 cases (25%). Pulmonary tuberculosis and tuberculous spondylodiscitis were associated with tuberculous sacroiliitis in 5 cases (41.7%) and 4 cases (33.3%), respectively. Tuberculin skin test was positive in 6 cases (50%). Laboratory investigations revealed elevated C-reactive protein levels in 11 cases (91.6%) and accelerated erythrocyte sedimentation rates in 9 cases (75%). Needle biopsy of the sacroiliac joint (41.7%) and soft tissues abscess puncture (16.6%) were performed. Computed tomography scan revealed joint space widening (83.3%), peripheral joint erosions (83.3%) and osteolysis (58.3%). Soft tissue abscesses were noted in 66.7% of the cases. Magnetic resonance imaging was performed in 4 cases (33.3%). Sacroiliac joint was hypointense in T1-weighted images (75%), hyperintense in T2 weighted images (50%) and in STIR images (50%). Bone scintigraphy, performed in 5 cases, revealed hyperfixation of the sacroiliac area (100%). All patients received antitubercular therapy. Percutaneous abscess drainage was indicated in 4 cases (33.3%).

Conclusion. Because of its deep localization, the diagnosis of tuberculous sacroiliitis is mainly based on imaging results associated with epidemiological, clinical and laboratory features. Antitubercular therapy initiated promptly leads to recovery.

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