spectrum varies from what is reported in the rest of the world, being the anatomical compromise also different from developed countries reports. In Colombia there has not been published any study that characterizes the anatomopathological findings of opportunistic infections in a sample of HIV/AIDS patients this size. 

Methods. Descriptive retrospective study, adjusted to the current regulations on human research according to the institutional protocols approved by the Department of Pathology of the Universidad Industrial de Santander (UIS) between 2004 and 2016 was executed, selecting those with HIV/AIDS and at least one opportunistic infection as the final diagnosis, of these there were evaluated the pathological findings and demographic variables.

Results. Among the 980 postmortem protocols reviewed were found 249 cases of HIV/AIDS associated to opportunistic infections, 183 men (73.5%) and 66 women (26.5%), with an average age of 37.9 4± 12.56 years. The main compromised systems were the Lower Respiratory Tract (LRT) with 184 cases (73.8%), mainly by M. tuberculo-

risk factor

age (for each year increase)

Table 1. HIV/AIDS Risk factors for Overall Opportunistic Infections

| Risk factor | Adjusted hazard ratio |
|-------------|-----------------------|
| Age (for each year increase) | 0.93 (0.91, 0.95) |
| HIV diagnosis era | < 1996 |
| 1996–2000 | 1.01 (0.62, 1.67) |
| 2001–2005 | 0.73 (0.43, 1.23) |
| 2006–2010 | 0.91 (0.54, 1.53) |
| 2011–2016 | 0.30 (0.12, 0.76) |
| Time to ART initiation from HIV diagnosis | 1.04 (1.01, 1.09) |
| 1 st ART use | 0.45 (0.22, 0.93) |
| Current CD4 count | 0.78 (0.74, 0.83) |

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