

**Results:** We recruited 55 patients, 51% male, median age 35 years (interquartile range [IQR] 27–42). Twenty-one patients (38%) had pulmonary TB, 23 (42%) extrapulmonary TB. Disseminated TB was diagnosed in 31%. Forty-four (80%) were HIV positive with a median CD4 cell count of 82/mm<sup>3</sup> (IQR 44–215). Fourteen were on antiretroviral (ARV) treatment.

We report on 22 events in 18 patients occurring at a median of 17 days (IQR 11–27) from the start of TB treatment. The main etiologies of AE were hepatotoxicity (8/22), paradoxical reactions (8/22) and concomitant infection (4/22). All required hospitalization, 1/3 died. In univariate analysis risk factors associated with AE on TB treatment were male sex (odds ratio [OR] 3.81; *P* = 0.028), disseminated TB (OR 5.36; *P* = 0.006), baseline hemoglobin <10 g/dl (OR 3.81; *P* = 0.029) and CD4 count at start of TB treatment <100 cells/mm<sup>3</sup> (OR 14.0; *P* = 0.006). A trend was found for HIV serology (OR 6.31; *P* = 0.064). No association was found between age, weight, body mass index, white cell count, C-reactive protein or use of antiretroviral treatment.

**Conclusion:** Adverse events such as hepatotoxicity and paradoxical reactions are frequently complicating TB treatment. Rigorous clinical follow-up during the initial treatment phase is warranted, particularly of the immune suppressed and disseminated TB patients.

**PC-81859-18 Ruling out tuberculosis to start preventive therapy in HIV co-infected patients as an opportunity to find TB**

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**Setting:** 29 clinics for HIV care in Rio de Janeiro city (RJC)—THRio cohort.

**Objectives:** Tuberculosis (TB) is the most common infection in HIV patients in RJC. THRio study is an operational research designed to look for the impact of isoniazid preventive therapy (IPT) in that population, through training physicians and nurses on the topic, which is a national guideline. Because of drug resistance concerns, it's mandatory to rule out TB before starting IPT. We're assessing TB cases found during the process of ruling out TB prior to the start of IPT in eligible subjects (no prior TB treatment or IPT completed).

**Methods:** Through THRio database search, we looked for TB cases that were diagnosed shortly after a tuberculin skin test (TST).

**Results:** Since 1 Sept 2005, 5357 TSTs were applied. From those, 19.8% were ≥5 mm. 815 IPT were started, with a 63.2% completion so far. We found

24 TB cases after a PPD, and of those, 17 (71%) were in patients eligible to have a TST. In one case, the TST+ preceded the TB diagnosis by 1 year, enough time to rule out TB and complete IPT, if indicated then. The remaining 5 patients were symptomatic by the TST time.

**Conclusion:** Although only 17 of TST+ eligible patients were diagnosed with TB during the ruling out process, we stressed the importance of finding and treating the TB case any time in the course of HIV disease, due to the magnitude of the problem of co-infection. The preferred scenario would be that cases of active TB be identified at the time patients present for care, as ideally no opportunities should be missed when diagnosing TB.

**PC-82102-18 Neurological TB immune reconstitution inflammatory syndrome: clinical manifestations, morbidity and mortality**

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**Background:** Neurological TB immune reconstitution inflammatory syndrome (TB-IRIS) is considered the most severe manifestation of TB-IRIS. Only a few case reports of neurological TB-IRIS appear in the literature and benefits and risks of corticosteroids for treating the condition are not determined. We therefore undertook this study to determine the clinical manifestations, treatment used and outcomes of patients with neurological TB-IRIS at a public sector community hospital in Cape Town, South Africa.

**Method:** A retrospective review of 291 patients referred with suspected TB-IRIS to our facility over a 28-month period (1 June 2005–31 October 2007). We defined TB-IRIS using a clinical case definition and neurological TB-IRIS as TB-IRIS manifesting with tuberculoma(ta), meningitis and/or meningo-radicalitis. We collected data on TB diagnosis, HIV parameters, antiretroviral therapy, TB-IRIS diagnosis, other opportunistic infections, corticosteroid use and outcome.

**Results:** 62/291 patients with suspected TB-IRIS had >1 neurological symptoms. Of these, 24 patients had neuro-TB-IRIS using our case definition: 10 meningitis, 6 tuberculoma(ta), 5 tuberculoma(ta) and meningitis, and 3 meningo-radicalitis. All 24 patients received