µg/mL. She continues isavuconazole maintenance treatment with a partial response.

Conclusion and Relevance

- PedP on ECMO may require higher doses of isavuconazole to achieve therapeutic concentrations, suggesting that TDM may be clinically useful.
- Further studies in critically ill PedP, especially those on ECMO, are necessary to confirm the optimal isavuconazole dosage.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-243 DELAYED HIV TREATMENT AND FACTORS ASSOCIATED

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Background and Importance Clinical practice guidelines (EACS, DHHS, Gesida) recommend starting antiretroviral therapy (ART) as soon as possible after HIV diagnosis, irrespective of CD4 cell count (CD4c). Postponing ART start until complementary assessments depends on the setting, medical indications and risk of loss from care.

Aim and Objectives To analyse delay in treatment initiation over the past ten years and to understand factors associated with delayed ART initiation.

Material and Methods Retrospective observational study in patients diagnosed with HIV infection in an integrated health area from January-2012 to June-2022. Variables collected: age, sex, route of infection, healthcare setting of diagnosis, time from diagnosis to ART initiation (delay time), ART, AIDS stage, baseline VL and CD4c.

Data were collected from electronic medical records and outpatient dispensation program. Statistical analysis was performed using Student´s t-test and linear regression method (dependent variable: delay time) by SPSS® v.15.0.

Results 108 patients were included, median age was 34 years (IQR 29.2-42.7) and 76.9% were men. 41.7% were diagnosed in primary care and 58.4% in the hospital setting. 38.9% were in AIDS stage at diagnosis. The predominant route of infection was men who have sex with men (MSM) 50.9%.

ART was initiated with nucleoside reverse-transcriptase inhibitors (NRTI) combined with integrase-strand-transfer inhibitors (INSTI) 66.7%, non-nucleoside reverse-transcriptase inhibitors (NNRTI) 13% and boosted protease inhibitors (PI/b) 20.4%.

The median baseline logVL was 4.63 (4.13-5.14) and CD4c was 325 (95-500).

The median delay was 21 days (IQR 9-55). Factors associated with delay: baseline CD4c (for every 100 CD4 increase the delay time was extended by 2.29 days (95% CI 0.56 to 4.02; p=0.01); baseline logVL (-3.25 days 95% CI 1.57-8.08; p=0.18); AIDS at diagnosis (-5.40 days; 95% CI 3.30-14.10; p=0.2); use of INSTI or PI/b compared to NNRTI (-31.28 days; 95% CI 7.85-54.71; p= 0.016). For each year of evolution, the time to ART initiation was reduced by 3.05 days (95% CI1.59-4.50; p<0.001). Comparing 2012-2018 vs 2019-2022, the delay was reduced by 20 days (95% CI13.66 to 27.26; p<0,001).

Conclusion and Relevance The delay to ART initiation has been significantly reduced in recent years. Factors related to the decrease in delay are lower CD4c, starting treatment with INSTI or PI/b vs NNRTI and being within 2019-2022 vs 2012-2018.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-246 TREATMENT AND NURSING CARE OF MUCORMYCOSIS IN PAEDIATRICS: A CASE REPORT

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Background and Importance Mucormycosis is a serious fungal infection that causes fast invasion, especially in immunocompromised people.

Rhino-orbital cerebral involvement manifests with oedema, sinusitis, periorbital cellulitis and others.

Treatment often requires combined endovenous and topical therapy, and depending on the involvement, surgery.

Aim and Objectives Explaining the therapeutic approach and evolution of a very severe lesion with deep necrosis in the right nostril, with rapid progression and infected by Acinetobacter Baumanii extremely multidrug-resistant (ABXDR), Aspergillus niger and Rhizopus arizus.

Material and Methods A 13-year-old patient (45kg) with Atypical Haemolytic Uremic Syndrome, admitted in another centre where she started treatment with eculizumab and receive corticotherapy, was transferred to our centre due to clinical worsening.

Presented a rapidly progression lesion with deep necrosis in the right nostril.

Wound culture isolated Acinetobacter Baumanii extremely multidrug-resistant (ABXDR) and Aspergillus Niger. Subsequently, Rhizopus arizus was isolated in the biopsy and a diagnosis of rhino-orbital mucormycosis was made. Furthermore, ABXDR is isolated in conjunctival swab and tracheal aspirate.

Systemic treatment was started with isavuconazole (loading dose: 200mg/8h for 2 days and maintenance with 200mg/24h, plasmatic levels 3.85µg/mL), liposomal amphotericin-B (225 mg/24h), meropenem 2g/8h given as a 4-hour extended infusion and nebulised colistin 2MUI every 8 h.

Locally, the wound was first surgically debrided in two steps and targeted therapy was initiated. Due to the lack of commercially available formulations, sterile gels of amphotericin B deoxycholate 0.15% and colistin 0.5% were prepared by the pharmacy service; both were prepared on a water-soluble basis. They were applied every 4 hours alternately.

During admission, topical dressings with sodium hypochlorite fomentation (MicrodacynR) plus bacteriostatic gel-based mesh (Cutimed SorbactR) were performed every 24h.

A pharmacy-prepared colistin 0.2%/6h ophthalmic gel was applied to the eyes.

Throughout the hospitalisation, the wound was closely monitored performing smears to detect the microbial growth.

Results Clinical Outcomes were a rapid wound reduction with 80% granulation and negative microbial cultures after 28 days