Rescue therapy with Ibalizumab in HIV MDR patient

Martini, Salvatore1; Cuomo, Nunzia2; Pisaturo, Mariantonietta3; Coppola, Nicola1

1University of Campania Luigi Vanvitelli, Infectious Diseases Unit, Napoli, Italy; 2Aorn dei Colli, Infectious Diseases Unit, Naples, Italy

MATERIAL & METHODS
The patient has performed several resistance tests over the years on plasma and HIV-DNA showing a range of multiple mutations to all classes of antiretrovirals (Fig. 1,2,3). On the basis of these tests, a rescue therapy was set up with the association of Entecavir + Tenofovir + Dolutegravir + Ibalizumab. At the time of the introduction of this therapy, the patient had HIV RNA of 37,800 copies/ml and CD4+ of 147 cells/μL. He started therapy with Ibalizumab, first as monotherapy with a loading dose of 2000 mg, then after 7 days a dose of 800 mg associated with 3 drugs chosen on the resistance test.

RESULTS
Viro-immunological data were progressively evaluated and rapid efficacy of salvage therapy was noted. After 7 days, Ibalizumab alone had already reduced HIV viral load by 2 log. After 3 weeks it was reduced by 1 more log and after 4 weeks, viral suppression was achieved. CD4 progressively improved from 147 to 254 cells/μL. (Fig.4-5)The patient experienced no adverse events other than a rise in blood pressure after the first infusion of the loading dose of Ibalizumab.

CONCLUSIONS
In conclusion, our case report shows that Ibalizumab has been extremely effective in lowering the viral load, both alone and subsequently in combination with 3 other antiretrovirals. Virological suppression was accompanied by good immunological recovery. The overall tolerability profile was good, despite the onset of hypertension after the first infusion of the drug. Our data corroborates the efficacy of Ibalizumab in rescue therapies of MDRs.

REFERENCES

DISCLOSURES
The authors declare to have no conflicts of interest.

CONTACTS
*Nicola Coppola, MD, PhD, Assistant Professor of Infectious Diseases; e-mail: nicola.coppola@unicampania.it
*Salvatore Martini, MD, PhD; e-mail: salvatore.martini@policliniconapoli.it