subtype C was predominant. Regarding ART resistance, significant associations were observed with female sex ($p = 0.028$), non-adherence to treatment ($p < 0.001$), longer duration of HIV infection ($p < 0.001$), therapeutic regimen changes ($p < 0.001$), and lower CD4 T-cell count ($p = 0.031$). The main mutations identified were M184V and K103N. Comparison between genotyping and virtual phenotyping results showed that subtype B presented the lowest degree of divergence.

**Conclusion:** Most participants had CD4 T-cell counts above 500 cells/mm$^3$ and viral loads below 200 copies/mL, using first-line ART regimens with NRTIs and NNRTIs. The main circulating HIV subtype in southern Santa Catarina was subtype C, and the principal mutations associated with resistance were K103N and M184V, conferring resistance to NNRTIs – efavirenz and nevirapine.

**Keywords:** HIV, Viral drug resistance, Genotyping techniques, Mutation.

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## DISSEMINATED HISTOPLASMOSIS COMPLICATED BY SECONDARY HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS IN A PATIENT WITH AIDS

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**Introduction:** Hemophagocytic lymphohistiocytosis is a rare but possible complication of infectious conditions. It is potentially fatal if left untreated, which highlights its clinical importance.

**Description:** E.M.S.S., female, 22 years old, living with HIV for 8 years, with a history of poor treatment adherence, progressed to AIDS. She presented with asthenia, followed by productive cough and episodes of fever, associated with unquantified weight loss. Past medical history: smoking and alcohol use. Initial laboratory results showed Hb 10.1, WBC 2330, Platelets 122,000, AST 4022, ALT 165, GGT 102, LDH 3,798. Chest X-ray: diffuse ground-glass opacities and miliary-pattern nodules; urinary LAM antigen: reactive. Initial diagnostic hypotheses included pulmonary tuberculosis, AIDS, acute alcoholic liver disease, and mild pancytopenia secondary to immunodeficiency. Review of previous tests revealed a viral load above the upper limit and CD4 count of 19 cells/mm$^3$, with negative TB molecular test and negative sputum culture for *Mycobacterium tuberculosis*. Treatment for tuberculosis (hepatopathy regimen) was initiated, with ART reintroduction scheduled for two weeks later. Despite these measures, the patient deteriorated – daily high fever, worsening pancytopenia (severe anemia refractory to transfusion), ferritin > 50,000, persistently elevated hepatic enzymes, and progressive skin lesions (erythematous and scaly papules and plaques on face, upper limbs, trunk, and back). A blood smear collected on 08/28/2024 revealed *Histoplasma capsulatum* within neutrophil and monocyte cytoplasm. Disseminated histoplasmosis was diagnosed, complicated by severe hematologic syndrome of unspecified etiology. Treatment with Amphotericin B was initiated for 14 days, leading to improvement in fever, asthenia, liver enzyme levels, and reduction in CRP and LDH. However, hematologic abnormalities persisted, along with prolonged PT/INR. Literature review confirmed that the clinical picture met criteria for secondary hemophagocytic lymphohistiocytosis. The HLH-94 protocol was implemented, resulting in hematologic recovery and normalization of all blood counts.

**Comment:** Although severe, this complication is treatable, and recognizing it can drastically change patient outcomes.

**Keywords:** AIDS, Histoplasmosis, Hemophagocytic lymphohistiocytosis.

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## HIV IN OLDER AND YOUNG ADULTS: CLINICAL, EPIDEMIOLOGICAL, AND LABORATORY ANALYSIS IN A TERTIARY OUTPATIENT SETTING

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**Introduction/Objectives:** Antiretroviral therapy (ART) has transformed HIV into a chronic condition but is associated with a higher prevalence of comorbidities and accelerated aging. This study aimed to describe the clinical, laboratory, and epidemiological profiles of 393 people living with HIV/AIDS (PLHIV) followed in an outpatient clinic at a tertiary hospital in Curitiba (April–June 2024), comparing age groups < 60 and ≥ 60 years.

**Methods:** A cross-sectional, retrospective, analytical study based on electronic medical record review. Sociodemographic, clinical, laboratory, and comorbidity data were collected. Categorical associations were evaluated using the chi-square or Fisher's exact test, with odds ratios (OR) and 95% confidence intervals (CI). Continuous variables were compared using the Mann-Whitney test.

**Results:** Among 393 patients (mean age 51.5 ± 12.9 years), 26% were aged ≥ 60. Older adults had lower educational attainment and a higher prevalence of widowhood/divorce. They also had higher frequencies of diabetes mellitus (23.3% vs 6.2%; $p < 0.0001$; OR = 4.6), osteopenia/osteoporosis (66.0% vs 23.1%; $p < 0.01$; OR = 4.7), and use of non-standard ART regimens (80.6% vs 49.6%; $p < 0.001$; OR = 4.2). The CD4+ T-cell