(1–208). The underlying cause of death was AIDS-related in 79.1% of cases across age groups: 21–40 years (30.8%), 41–60 years (45.1%) and > 60 years (23.1%). Respiratory causes accounted for 6.1% of deaths; among these, 57.1% occurred in those aged 41–60 years, 28.6% in > 60 years, and 14.3% in 21–40 years. Hepatic causes represented 4.3% of total deaths, occurring in ages 21–40 years (40%) and 41–60 years (60%).

Conclusion: AIDS remains the main cause of death, but chronic conditions are increasingly relevant, especially among older individuals.

Keywords: HIV/AIDS, Human immunodeficiency virus, CD4 lymphocytes, Mortality.

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REGIONALIZATION OF THE CARE PATHWAY AS A STRATEGY FOR ORGANIZED SCREENING AND TIMELY ACCESS IN CERVICAL CANCER

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Cervical cancer remains one of the main preventable causes of death among women in Brazil. Persistent infection by oncogenic human papillomavirus (HPV) genotypes is the primary etiological factor associated with the development of this neoplasm. This is an experience report based on healthcare data generated by the Program. This study describes the results of implementing a regionalized screening strategy using HPV testing in a Health Region in Northeastern Brazil, with the aim of improving early diagnosis and expanding access to specialized procedures. The intervention began in September 2023, with HPV testing by Reverse Transcriptase coupled with polymerase chain reaction (RT-PCR) in Primary Health Care. Samples positive for genotypes 16 and 18 were referred for colposcopy, and those positive for other high-risk genotypes were directed to liquid-based cytology. Care pathways were organized in stages, with regionalization of colposcopy and high-frequency surgical services, accessed through state-level referral. During the analyzed period, 13,988 HPV tests were collected in 22 municipalities. Of these, 12,108 (86.6%) had results released. The overall positivity rate was 11.3%, with 206 cases of HPV 16 (1.7%), 73 of HPV 18 (0.6%), and 1,059 of other high-risk types (8.7%). In the III Health Region, the eight municipalities participating in the first implementation phase exceeded the annual coverage target, with 7,270 samples collected compared to a target of 6,335, representing 114.8% of the expected. Based on the organized care flow, 359 women were scheduled for colposcopy and 81 for high-frequency surgery. The data analyzed refer to the period from September 2023 to August 2024, according to records extracted from the GAL system (Laboratory Environment Manager). Regionalization of screening and the care pathway proved effective, with strong adherence to testing and rationalization of referrals. The results reinforce the potential for expanding the strategy to other regions, contributing to the control of cervical cancer as a preventable health condition. The strategy also aligns with the World Health Organization's goal of eliminating cervical cancer as a public health problem by 2030.

Keywords: Human papillomavirus, Cervical cancer, Sexually transmitted infection.

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RELATIONSHIP BETWEEN THE USE OF DOLUTEGRAVIR AND THE INCIDENCE OF METABOLIC DISORDERS IN A REFERENCE CENTER IN SOUTHERN BRAZIL

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Introduction/Objective: The introduction of antiretroviral therapy (ART) has led to a decline in HIV-related mortality, but the onset of obesity and metabolic disorders after treatment initiation is increasingly recognized. Weight gain after initiating ART, especially in patients with normal weight or overweight, may increase the risk of cardiovascular and metabolic diseases. Evidence suggests that the use of the integrase inhibitor dolutegravir (DTG) is associated with greater weight gain in this population. This study aimed to investigate a possible correlation between DTG use and the development of metabolic disorders in people living with HIV (PLHIV).

Methods: Prospective cohort study conducted in a referral center in southern Brazil. Patients aged 18 years or older using DTG, with at least one annual medical visit, were included. Pregnant women, patients coinfected with hepatitis B, and those without recent laboratory tests were excluded. The sample consisted of 621 patients, with 511 using DTG and 110 on regimens without DTG. Variables analyzed included age, sex, BMI, viral load, and laboratory tests. Metabolic syndrome was classified according to NCEP-ATP III criteria.

Results: Among DTG users, 55% were male, with predominant ages between 40 and 49 years. Of 169 patients with recorded BMI, 64.5% were overweight or obese, and 82 had metabolic syndrome. Viral load was undetectable in 73.2%. In the non-DTG group, men predominated (61.8%), mostly aged 50–59 years. Of 43 patients with recorded BMI, 62.8% were overweight and 43 had metabolic syndrome. Although the absolute number of cases was higher in the DTG group, the proportion of metabolic syndrome was higher in the non-

DTG group. However, grade II and III obesity were more frequent among DTG users.

Conclusion: Metabolic syndrome was present in both groups, with a higher proportion in the non-DTG group, suggesting that dolutegravir alone is not associated with a higher metabolic risk. However, the greater prevalence of obesity among DTG users indicates a possible association with weight gain. Therefore, besides DTG use, factors such as age, treatment duration, therapeutic regimen, and clinical profile should be considered when assessing metabolic risk.

Keywords: Antiretroviral therapy, Dolutegravir, Metabolic syndrome, Metabolic disorders.

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CASE REPORT – ADVANCED AIDS: DIAGNOSIS WITH THREE ASSOCIATED INFECTIONS: MPOX, KAPOSI SARCOMA AND HERPES ZOSTER

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Introduction: Late diagnosis of HIV infection has become an increasingly relevant issue, as it makes the patient highly vulnerable to several opportunistic infections.

Case description: We report the case of a 36-year-old white male patient who sought medical care in November 2024 due to a lesion on the left labial commissure after contact with a person known to be infected with mpox. Molecular testing confirmed mpox infection. The lesions became exuberant, increasing in number and size, involving palms, face, scalp, trunk, and limbs. A few days later, due to clinical worsening, hospital admission was indicated. Additional tests were performed, and HIV infection was diagnosed. At the time, the patient had a CD4 count of 46 cells/mm^3 and HIV viral load of 1,730,000 copies/mL. On admission, he presented herpes zoster lesions and violaceous lesions on the body and oral cavity, as well as cervical and inguinal lymphadenopathy. Biopsies of violaceous lesions and lymph nodes confirmed Kaposi sarcoma. The patient experienced progressive worsening of mpox lesions, especially on the face, as well as enlargement of cervical and inguinal lymph nodes and worsening Kaposi sarcoma lesions. Chest CT showed diffuse nodular lesions in the lung parenchyma, but due to clinical instability, lung biopsy was not possible. The patient progressed with respiratory difficulty (due to pronounced cervical lymphadenopathy) and difficulty swallowing, requiring endotracheal intubation. Antiretroviral therapy, tecovirimat, chemotherapy, and antibiotics for associated infections were administered. Approximately 60 days after the first mpox lesion, new typical lesions continued to appear, and repeat molecular testing remained positive. The lesions began improving after tecovirimat. The patient was discharged in February 2025 but returned a few days later with sepsis and died. At that time, CD4 was 28 cells/mm^3 and HIV viral load 36 copies/mL.

Comments: This case illustrates the severity of immunosuppression at diagnosis, leading to the simultaneous appearance of three infections: mpox, herpes zoster, and Kaposi sarcoma. Despite treatment, the outcome was unfavorable.

Keywords: HIV, mpox, Kaposi, Zoster.

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CASE REPORT: KAPOSI SARCOMA AS A PRESENTATION OF IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME (IRIS) IN AN HIV PATIENT

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A 30-year-old male patient, diagnosed with HIV in 2019, had been out of care for one year, with viral load of 15,100 copies/mm^3 and CD4 of 169 cells/mm^3. He was admitted to the emergency department with a history of gonorrhea treatment three months prior, followed by penile lesions and pruritic, scaly rashes on palms and soles. He was diagnosed with indeterminate syphilis and treated with three doses of benzathine penicillin. After the second dose, he developed submandibular, supraclavicular, and inguinal lymphadenopathy, with pain, redness, and edema in the testicular and penile region. He received doxycycline for 15 days with no improvement. He also had a two-week hospitalization for dengue and COVID-19. He lost 10 kg in three months. He had restarted antiretroviral therapy on his own one month prior. On admission, he presented violaceous lesions in the gingiva and oropharynx, about 1.0 × 1.0 cm, and hardened, painful lymph nodes in cervical, submandibular, and inguinal regions. Laboratory and imaging tests were performed, and hematology consultation suggested Kaposi sarcoma. Biopsies of inguinal lymph nodes and oral lesions confirmed the diagnosis. The patient improved clinically and was discharged to start chemotherapy. At 15-day follow-up, oral lesions regressed spontaneously, lymphadenopathy improved, and he had weight gain. On follow-up laboratory evaluation, there was a substantial improvement in the immunologic profile after approximately 50 days of consistent antiretroviral therapy. The CD4 count increased from 169 cells/mm^3 to 260 cells/mm^3, and the viral load decreased from 15,100 copies/mL to 49 copies/mL. At subsequent follow-up, lesions had completely regressed. In agreement with oncology, Kaposi sarcoma was attributed to Immune Reconstitution Inflammatory Syndrome, and