aiming to explore the clinical evolution following platelet and plasma transfusion in the treatment of hemorrhagic dengue. Patients with serologically confirmed dengue and hemorrhagic manifestation diagnosed between January 2007 and May 2011 were enrolled. Hemorrhagic manifestations were defined whenever bleedings and platelet counting $< 100,000/mm^3$ occurred in patients with a confirmed dengue infection. Mortality risk ratio and further mortality prognostic factors following transfusion were ascertained using the multivariate Cox Proportional Hazards model. **Results:** In the studied period, 164 cases either filled the study requirements or had their records traced and retrieved. They included 57% of women, median age of 36 yr, and 15.2% presenting comorbidities, mainly hypertension and diabetes. Bleeding occurred in 37.2% (95% C.I. 29.8-45.1) with petechiae in 15.9% (95% C.I. 10.6-22.4) and gingival bleeding in 13.4% (95% C.I. 8.6 -19.6). Around 11.0% had some type of plasma extravasation, followed by hypotension in 61.1% (95% C.I. 35.7-82.7) and hemodynamic instability in 22.2% (95% C.I. 6.4-47.6). Cardiac dysfunction occurred in 6.7% (95% C.I. 3.4 -11.7) of cases, anemia occurred in 44.5% (95% I.C. 36.8-52.5) and eosinophilia in 20.1% (95% C.I. 14.3- 27.1). The mean platelet counting during hospitalization was 26,368 U/l/mm^3 and 111,213 U/l/mm^3 blood at discharge. Forty patients (24.4%) received transfusion of platelet concentrate (mean of 7.5 U/l per patient) and fresh frozen plasma (mean of 5.3 U/l per patient). Death occurred in 10.0% (95% C.I. 2.8-23.7) of those receiving transfusion, and in 6.5% (95% C.I. 2.8 a 12.3) of those who did not. The death risk ratio comparing patients that received or not transfusion of platelet concentrate was RR=1,55 (95% IC 0,49-4,88). Mortality among patients who developed cardiac dysfunction was 81.8%, compared to 2% among those who did not. Hazard ratios of death were: transfusion of platelet concentrate with HR=0,92 (95% IC 0,23-3,66, p-value=0,9077), plasma transfusional with HR=0,64 (95% IC 0,10-3,86, p-value=0,1557) and respiratory distress with HR=3,55 (95% IC 0,62-20,42, p-value=0,6248). **Main Conclusions:** The preliminary observed results in the studied sample are not suggestive that platelet transfusion in hemorrhagic manifestation in dengue may be more efficient to prevent patients' death. E-mail: denys.fujimoto@hotmail.com

**Dengue067- Demographic and clinical manifestations analysis related to dengue symptoms in children admitted at a reference public hospital in Brazilian Amazon region**

1Teixeira KS, 2Freitas GBRP, 1Soares HCB and 2,3Cruz ACR. 1UFPA/ HUJBB; 2 IEC/ SVSI MS; 3 UEPA – Belém, Pará, Brasil.

**Introduction:** Dengue virus (DENV – Flaviviridae, flavivirus) is the major arboviral threat in Brazil due its clinical spectra and recurrent epidemics. Four serotypes (DENV 1-4) are found to circulate in the country and children are more likely to present severe cases as stated by epidemiological data. Our aim was to perform a retrospective study on cases dengue fever in children’s reference hospital in Brazilian Amazon, João de Barros Barreto Hospital University, during 2009 to 2011. **Material and Methods:** Throughout this time period, 154 dengue cases were screened. Descriptive statistical methods used and inferences: qualitative variables (absolute and relative) and quantitative variables (median and interquartil range). The variables examined were: age, gender, area of residence, distribution by municipalities, signs and symptoms, date of hospitalization, onset symptoms date, clinical form of the disease, platelet and hematocrit values, and liver enzymes. **Results:** There was no significant difference observed between genders. Most confirmed cases of dengue patients were from 68 municipalities in Pará state (57.6%). The largest of hospitalized children were coming from Belém (42.2%), Castanhal (21.3%) and Ananindeua (21.3%). Fever was the most found symptom (98.7%), while petechial was the most frequent hemorrhagic manifestation (76.8%). Amongst the warning signs for Dengue Hemorrhagic Fever (DHF), abdominal pain and vomiting were present in 77.3% of patients. There was no association between levels of the hepatic enzyme and clinical symptoms. The hematocrit ranged from 15% to 52.8%, median of 38% on admission in the hospital and 33.6% after the discharge from the hospital. Therefore, hematocrit was considered as a factor for distinguishing classical dengue (CD) and severe dengue (SD). Likewise, platelet count was another factor for discrimination the cases of dengue: CD (115,000 platelets/mm^3) and SD: Dengue with complications (37,000 platelets/mm^3), DHF (30,000 platelets/mm^3) and shock syndrome dengue (27,000 platelets/mm^3). **Main conclusions:** Records retrieved from the admission hospital date revealed that only after five to seven days from the beginning of the clinical symptoms, the patients had access to treatment at hospital. These results indicate the need to improve basic health services, allowing early diagnosis and

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Dengue068- DENV-4 infections in HIV positive patients
Silva, C.C; Bressan, C, Romero C, Valls R, Grinstein B; Nogueira R; Brasil, P
IPEC/FIOCRUZ, Rio de Janeiro, Brazil.

Introduction: Dengue is the most worldwide spread arthropod-borne disease, and endemic in Rio de Janeiro, Brazil. DENV-4 serotype was first introduced in the city in 2011, when some predictions were made on a possible epidemic for the year of 2012. Few data are currently available regarding how dengue infection would behave in HIV positive patients, and none describes clinical features of the co-infection DENV-4 and HIV. Our objective is to explore some clinical and laboratorial aspects of this specific interaction. Material and Methods: A retrospective observational study was performed. Cases were selected from our electronic database and medical records reviewed. HIV-positive patients who had DENV-4 isolated, by PCR method, from blood samples from January 1st to March 15th, 2012 were included. HIV-negative patients and HIV-positive patients presenting Dengue by other DENV serotype or cases without PCR confirmation were excluded. Information of seven patients was obtained. Results: Five out of seven patients were male, from 35 to 50 years; the mean time of HIV diagnosis was nine (4-12) years. Six patients were on regular HAART, with mean duration of treatment of four (1-6) years; one had never used HAART. The mean CD4 cell count was 817 (346-1148) and only two patients did not have an undetectable viral load (<50 copies). These tests were conducted on average 4.28 (1-6) months before Dengue infection. All patients referred fever, myalgia, arthralgia, back pain, prostration; 85% referred headache, 57%, vomiting, 57%, liquid diarrhea, none of which was persistent, 42%, retro-orbital pain, 42%, abnormal taste, and 14%, photophobia. As of the alert signs, although nobody had postural hypotension, 42% referred dizziness and 28% had abdominal pain in the right hypochondrium. Four out of seven patients presented diffuse macular rash, and two of those had petechiae on the legs, as the only hemorrhagic manifestation. One patient presented hemoconcentration, one, hypoalbuminemia, 57%, atypical lymphocytes, 57%, leukopenia with mean value of 2810 cells/mm³ (1570-3840), 57%, neutropenia with mean value of 268 cells/mm³ (150-340), two (28%) had thrombocytopenia <100,000 platelets/mm3, with mean value of 83,000 platelets/mm³, 71% presented mild transaminases elevation (up to 1.6 times the reference values). PCR levels were elevated in 100% of patients, with mean value of 2.72 (1.61-4.92). None of these patients fulfilled OMS criteria for DHF: two were classified as DF and five as uncomplicated DF with alert signs. There was no hospitalization and all recovered well. Main conclusions: It was observed that DENV-4 infection had a benign course in these HIV positive patients and that this co-infection did not seem to have an impact on HIV-related outcomes. E-mail: clarissa.cavalin@globo.com

Dengue069- Elevated expression of IL6 and TGF-beta in human liver lesions and its implication in the pathogenesis of dengue hemorrhagic fever
Pagliari Ca, Fernandes ERa, Stegun FWa, Brasil RB, Andrade Jr HF ab, Quaresma JASe, Barros Vf, Vasconcelos PF, Duarte MISa
a- Fac. de Medicina da Universidade de São Paulo, Depto. Patologia, São Paulo, Brasil. b- Instituto de Infectologia Emilio Ribas, Depto. Anatomia Patológica, São Paulo, Brasil. c- Instituto de Medicina Tropical de São Paulo,São Paulo, Brasil. d- Instituto Adolfo Lutz, Seção de Anatomia Patológica, São Paulo, Brasil. e- Núcleo de Medicina Tropical, UFPA, Belém, Pará, Brasil. f- Instituto Evandro Chagas, Ananindeua, Pará, Brasil

Introduction: Dengue is an important tropical disease worldwide. High levels of IL6 and IL8 were correlated with clinical presentation of dengue hemorrhagic fever (DHF) and it was demonstrated that endothelial activation induces an increased expression of those cytokines. It was also demonstrated that the expression of IL6 is mediated by dengue virus. TGF-beta promotes the activation of Foxp3+ regulatory T cells but IL6 can significantly suppress Foxp3 expression induced by TGF-beta. The dengue virus presents tropism for hepatocytes and this was an urge to study hepatic lesions. Material and