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Human Immunodeficiency Virus Infection Associated with Necrotizing Fasciitis: A Cohort Study of Texas Population, 2001-2010

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Abstract

Background: Human immunodeficiency viral (HIV) infection is considered a risk factor for development of necrotizing fasciitis (NF). However, NF in HIV-infected patients has been rarely described, with no population-level data on the epidemiology, clinical features, resource utilization, and outcomes in this group.

Methods: We conducted a retrospective, population-based cohort study, using the Texas Inpatient Public Use Data File to identify hospitalizations with diagnoses of both HIV infection and NF for the years 2001-2010. Denominator data for incidence estimates were derived from the annual reports by the Texas Department of Health on the number of patients living with HIV infection in the state. The incidence of HIV-associated NF, demographic characteristics, clinical features, resource utilization, and outcomes were examined.

Results: There were 27,863,025 hospitalizations during study period, with 74 having reported HIV infection and NF. The annual incidence of NF hospitalizations associated with HIV infection remained unchanged (p=0.3428). The overall incidence of HIV-associated NF was 14 hospitalizations per 100,000 person-years. Among NF 'O' M O' Bhospitalizations 57% required care in an ICU. One or more chronic non-HIV comorbidities were reported in 55% of NF hospitalizations and one or more organ failure in 49%. The mean inflation-adjusted total hospital charges were \$106,563 and the mean hospital length of stay was 19 days, with no significant change over study period. Twelve Immunoqeticient 28%) as the mean function of survivors had routine home discharge.

Conclusions: The present cohort of HIV-associated NF is the largest reported to date. The incidence of NF was markedly higher than that reported in the general population. Non-HIV chronic illness and organ failure occurred each in about half of NF hospitalizations. Management in an ICU was commonly required and patients had high mortality rate. The sources of the observed findings require further study.

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Other conditions, n (%)b	Smoking	16 (21.6)
	Drug abuse	10 (13.5)
	Alcohol abuse	6 (8.1)
	Obesity	2 (2.7)

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