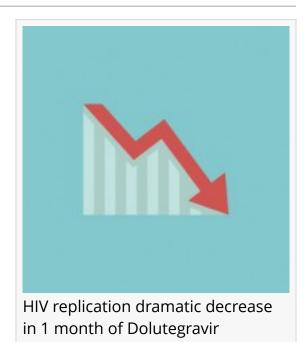


Dr Lafeuillade at General Hospital Shows Dolutegravir as Potent Monotherapy in Acute HIV Infection

Dr Lafeuillade from Toulon General Hospital, France reports a unique case where HIV was totally suppressed within 1 month of Dolutegravir monotherapy.

TOULON, VAR, FRANCE, September 2, 2014 /EINPresswire.com/ -- HIV infection is currently treated with a combination of 3 antiretroviral drugs, according to current recommendations. However, with the arrival of new, very potent and very well tolerated inhibitors, the landscape of HIV therapy has the power to change.

Dolutegravir is the last <u>HIV integrase inhibitor</u> that shows a special pattern of resistance as the mutation, which is rarely selected in vivo, produces a 80 percent decrease in viral fitness. This is particular, as usually HIV resistance selection follows a Darwinian way: mutations favor HIV replication.



monotherapy.

We have diagnosed last July <u>acute HIV-1 infection</u> in a 39-year old man who has sex with men. HIV Western blot was undeterminate, viral load at 340,600 copies/ml and CD4+ T cells at 868/mm3. We immediately initiated Truvada + <u>Tivicay</u>, 1 pill of each per day. Two weeks later the patient confessed that he did take only 1 pill of Truvada the first day as it is too big for him to swallow. So he is on Dolutegravir monotherapy, 50 mg/d. At day 15 of this monotherapy, viral load was at 150 copies/ml, at day 28 it was below 50 copies/ml with a CD4 cell count of 1400/mm3.

Although the immune response induced by acute HIV infection might have contributed to this dramatic decrease in viral load, Dolutegravir has also its part. Has there is no risk of resistance selection now with undetectable viral load, we pursue this monotherapy only.

This observation calls for clinical trials using Dolutegravir as monotherapy, not only in acutely infected patients but also in early diagnosed patients. Stopping therapy afer a few months will determine if these acutely infected patients can reach HIV functional cure.

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