Cytomegalovirus infection in children undergoing hematopoietic stem cell transplantation in chile

Paris,	Clai	udia
ı ans,	Ola:	uuia

Kopp, Katherine

King, Alejandra

Santolaya, Maria E.

Zepeda, Ana J.

Palma, Julia

Background. Cytomegalovirus (CMV) infection remains as an important cause of morbidity and mortality in children undergoing hematopoietic stem cell transplantation (HSCT). Our aim was to assess the incidence, risk factors, and outcome related to CMV infection in children after HSCT in a developing country. Methods. From October 1, 1999, to December 31, 2005, we prospectively studied all patients admitted to the HSCT unit at Hospital Luis Calvo Mackenna in Santiago, Chile. Serologic studies before transplantation and weekly CMV infection surveillance (antigenemia or quantitative PCR) were routinely obtained. Patients with positive antigenemia or quantitative PCR received pre-emptive therapy with ganciclovir, and cases of unfavorable clinical evolution, persistent positive antigenemia, or quantitative PCR after 14 days of ganciclovir were treated with foscarnet. Results. Ninety-seven patients received HSCT. Their median age was 8 years (range, 3 months to 24 years) and their overall surv