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Body: Introduction. HIV-associated pulmonary hypertension (HIV-PAH) is an uncommon complication of the natural history of HIV infection and an independent factor of death in HIV infected patients, regardless the use of High Activity Antiretroviral Therapy (HAART). Patients and Methods. Review of HIV-infected patients with follow-up in our specific outpatient clinic (N=1226). Clinical data of patients with a formal diagnosis of HIV-PAH were reviewed, and they were followed-up for 2 years with special focus on comorbidities, immunological statement and response to treatment. Results: 3 patients were diagnosed as HIV-PAH (prevalence 0.25%). All the patients were coinfected with Hepatitis C virus (HCV). All of them were on treatment with HAART at the moment of diagnosis of PAH. All of them had an initial positive response to therapy with bosentan. At two years from the beginning of the follow 2 patients had dead by congestive cardiac failure. Conclusions: Like the bibliography reflects, coinfection with HIV-HCV is very common in the patients with PAH-HIV. There is a big variability in the evolution of the disease, the immunological status of the patients and the development of PAH. We did not find any predictive clinical or laboratory markers regarding which patients would have a poor prognosis. Because of PAH is the main cause of death in patients with HIV infection, and its low prevalence, a strategy for active search could increase early diagnosis so making easier both treatment and control of the disease.