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Reactivation of herpesvirus in patients with hepatitis C treated with direct-acting antiviral agents

Ali A Ghweil and **Mohamad M Helal**
South Valley University, Egypt

Introduction: Advances in hepatitis C virus (HCV) drug development in the last few years have taken a new turn and the evolution of antiviral therapy for HCV has rapidly progressed from interferon (IFN) up to the development of direct-acting antivirals (DAAs) (Lutchman et al., 2015). HCV infection can now be treated in almost all patients with these tolerable and effective combinations of oral DAAs. Now even those patients who due to advanced liver disease or with co-morbidities were not eligible for treatment by PEG-IFN-based regimens, or those who had previous treatment failure, now have excellent choice of treatment modalities (EASL, 2014). Perelló et al., reported Herpesvirus (HV) reactivation in patients with HCV infection treated with direct acting antiviral therapy (DAA) (Perelló et al., 2016). Changes in the immune system after initiation of DAAs could play a role in HV reactivation. However, the exact mechanisms involved in HV reactivation in the early phases of HCV clearance in patients treated with DAAs are not clear (European Medicines Agency, 2016).

Patients and methods: This is a follow-up study including 100 chronic hepatitis C (CHC) patients attending the outpatient clinics of the Tropical Medicine & Gastroenterology and the Internal Medicine Departments-Qena University Hospital. All eligible patients were included according to inclusion criteria approved by the national committee for control of viral hepatitis (NCCVH): Age 18-75 years, HCV RNA positivity, any BMI (weight in kilograms/squared height in meters), Treatment-naïve patients only were included in this study. Exclusion criteria included HBV co-infection, HIV, decompensated liver cirrhosis, inadequately controlled diabetes mellitus (HbA1c >9%), hepatocellular carcinoma or extra–hepatic malignancy. Diagnosis of Liver cirrhosis was on clinical basis involving laboratory tests and ultrasonography findings of liver cirrhosis and/or liver stiffness measurement ≥12.5 kPa (Castera et al., 2008). Patients were subjected to history taking, clinical examination and routine laboratory work up. All patients were treated with Sofosbuvir-based treatment regimens according to the approved treatment recommendations. The study was approved by ethical committee of Qena Faculty of Medicine-South Valley University. Written informed consent was obtained from all patients before treatment.

Results: Our study included 100 patients with mean age 45±12 years. Males were predominant presenting 69% of our cases. 80% of cases were noncirrhotic at the start of treatment and 20% of patients had evidence of liver cirrhosis. Sustained virological response (SVR) was found in 94% of treated patients while 6% of the treated patients relapsed. Table 1 In the first two months after starting DAAs, we encountered 4 noncirrhotic cases with vesicular eruptions varying in distribution with 2 patients had vesicles over right side of the chest and 2 patients had the vesicles extending to the upper back. A diagnosis of Herpes Zoster (HZ) was made after consultation of dermatology consultant who prescribed antiviral and analgesics. All patients achieved SVR.

e: alimena1@yahoo.com