

TREATMENT OF PATIENTS WITH CHRONICAL HEPATITIS C (1b) WITH NORMAL AND ELEVATED ALT

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Abstract

Aim: The aim of the study was the evaluation of treatment with Pegasys Interferon/Copegus for 48 weeks in patients with elevated and normal ALT in the beginning of it.

Patients and methods: 33 pts with chronic hepatitis C, 1b were included in this study (18 M, 15 F, mean age 39.2 yr., diagnosed and treated during 2008 - 2010). Before the beginning of treatment the pts were divided in two groups: 1. with elevated ALT (19) and 2. with normal ALT (14). Treatment: Pegasys INF 180 µg/w and Copegus 1000 – 1200 mg/d for 48 weeks. Clinical, biological and virological examination of pts was performed before treatment and in weeks 4, 12, 24, 48 and 72. Sustained virological response was considered the situation with negative HCV RNA, 24 weeks after treatment.

Results: 29 pts terminated the treatment (87.9%, 17 pts in group 1 and 12 in group 2). Negativisation of HCV RNA in weeks 4, 12, 48 and 72 was 42.4 %, 75.7%, 82.7% and 58.6% of pts, respectively (9/17, 52.9% in group 1 and 8/12, 66.7% in group 2). The treatment was discontinued in 4 pts in weeks 6 (1 pt. interstitial pneumonia) and 24 (3 pts, severe thrombocytopenia, ascitic decompensation, depression). In these pts HCV RNA was negative in week 12. Side effects of treatment in week 48 were minimal in 8 pts.

Conclusions: Early beginning of standard treatment in pts with chronic hepatitis C, 1b

(regardless of the level of ALT) is the most important condition for sustained virological response on the end of it.

Introduction

Genotype 1b of hepatitis C virus (HCV) is the most frequent genotype of virus C. Studies conducted in the U.S. have shown that genotype 1 was found in 74% of cases with chronic infections C in the population of this country. Other genotypes 2 and 3 were found in 22%, while those 4,5 and 6 only in 4% (1,2). In Europe is more or less the same situation (3,4,5). Global prevalence of HCV infection is estimated at about 3% of the total population, with over 170 million carriers of the virus all round the world. About 80-85% of people infected with hepatitis C develop chronic infections. Cirrhosis occurs in approximately 10-20% of people with chronic infection, and HCC in 1-5% of them for a period of 20 to 30 years. The mechanism by which HCV makes liver cancer is still unknown. On the other hand, hepatitis C increases the gravity of the disease when the patient has concomitant other hepatic injuries, especially alcohol (6). The improvements of health care for blood transfusions, medical conditions, etc., today, the main road of virus C transmission in Europe are intravenous drug users and immigrants (7,8).

Figure nr.1 Natural history of HCV infection

