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Most People With Hepatitis C Have Improved Liver Function After Treatment

However, some 10% experienced liver decompensation even after antiviral therapy.

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While a majority of people with hepatitis C and liver cirrhosis have better liver function after antiviral therapy, some people with prior liver failure develop worse cirrhosis, according to study results published in BMC Infectious Diseases.

Sustained virological response (SVR) after direct-acting antiviral therapy for hepatitis C virus (HCV) is considered a cure, but whether treatment can restore liver function in individuals with decompensated cirrhosis, or liver failure, is not well understood. Decompensated cirrhosis is the most severe stage of cirrhosis when the liver can no longer carry out its vital functions.

Loreta Kondili, MD, PhD, of Istituto Superiore di Sanità in Italy, and colleagues studied the differences in liver function between people with HCV alone (known as monoinfection) and people with HCV and HIV (known as coinfection) who had cirrhosis and were successfully treated with antiviral therapy.

The team included participants of an Italian multicenter study who were diagnosed with HCV-related liver cirrhosis prior to attaining SVR. They tracked changes in Child-Pugh class, an indicator of cirrhosis severity, as well as any instances of liver failure.

Of the 1,350 participants, 1,242 had HCV alone and 108 had HCV and coinfection. People with both viruses were younger, more likely to be men, more likely to use alcohol and had more severe cirrhosis (Child-Pugh B class) than those who had HCV alone.

Having HIV was linked to a more advanced stage of liver disease before receiving antiviral therapy, independent of sex, age, alcohol use, HCV genotype and testing positive for hepatitis B. Those with HIV were nearly four times more likely to have advanced cirrhosis and had a worse Child-Pugh class of B or C.

After HCV was cured, cirrhosis severity decreased. After achieving SVR, 65% of people with HCV alone and 85% of those with coinfection showed a reduction in cirrhosis, indicated by an

improvement in their Child-Pugh class. On the other hand, Child-Pugh class worsened in 8.2% of people with HCV alone and 5.3% of those with coinfection. Further, 46% of people with HCV alone and 47% of those with coinfection who had experienced decompensation in the past reported a new liver failure event. Some 4.8% of those with only HCV and 4.3% of those with coinfection experienced liver failure for the first time.

Increasing cirrhosis, reflected by the Child-Pugh class, was linked to being male, having a platelet count below 100,000/µl or a high prothrombin time international normalized ratio, a measure of blood-clotting ability.

“Improvement of liver function was observed following HCV eradication in the majority of patients with cirrhosis; however, viral eradication did not always mean cure of liver disease in both monoinfected and coinfected patients with advanced liver disease,” wrote the researchers.

Click here to read the study in BMC Infectious Diseases.

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http://beta.docker.tusaludmag.com/article/people-hepatitis-c-improved-liver-function-treatment