



RESULTS OF TREATMENT OF HEPATITIS C RECURRENCE IN LIVER TRANSPLANTATION PATIENTS

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INTRODUCTION: Hepatitis C is the main indication for liver transplantation and the recurrence is common in the first year after transplantation. Currently the start of antiviral therapy and the dosages used also vary according to the protocols of the various transplant centers.

OBJECTIVE: Demonstrate the results of antiviral therapy in the recurrence of hepatitis C in Brazilian liver transplanted patients at the Hospital Israelita Albert Einstein

PATIENTS AND METHODS: The study included 35 transplant patients with hepatitis C who completed the proposed therapy, 21 (60%) were male. Histological recurrence who indicated therapy was F+A≥3 (METAVIR score). The average time of transplantation at the time of initiation of therapy was 21 months (median 17), and 33 patients had genotypic determination: twenty two G1 (a or b) and eleven G3 (a or b). At the beginning of antiviral therapy, 43% were using tacrolimus alone, 49% in use of tacrolimus and mycophenolate sodium and 8% in use of cyclosporine. No patient had acute cellular rejection during antiviral treatment. The therapy used was 3 MU IFN alfa (3x/week) 4/35; PEGIFN2a PEGINF2b 11/35 and 20/35 associated with ribavirin dose of 500 mg/day (250 to 1000 mg). Patients were treated for 48 weeks independent of genotype. HCV viral load was assessed at week 12 (EVR), week 48 (ETR) and week 18 (SVR). During therapy, 43% used GSFC and 14% EPO. The ETR was 45.7% with SVR of 34% when analyzed all patients. Only in patients with genotype determination, those with G3 showed better results (shown in table).

	N(33)	ETR	SVR	PEGIFN 2a/RIBA	PEGIFN 2b/RIBA	IFN/RIBA
G1	22	6	4	12	8	2
G3	11	8	7	8	3	0

CONCLUSION: Antiviral therapy with IFN and ribavirin associated PEGIFN should be offered to those patients with stable graft function and histological recurrence of hepatitis C. Despite the frequent need for EPO and GSFC, the treatment is well tolerated and produces satisfactory results, especially those with G3.