

S173

2-hour Symposium

Management of chronic viral hepatitis

Fibrosis regression after cure of hepatitis C?

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The end point of liver fibrosis in most chronic liver diseases including chronic hepatitis C is cirrhosis. Progression to cirrhosis is associated with annular deposition of fibrous tissue and vascular remodeling with a shift from a lobular to nodular organization. Although advanced liver fibrosis was previously thought to be irreversible, today there is compelling evidence that cirrhosis can be reversed if the underlying cause of liver injury, i.e. HCV, is eliminated. Indeed, most clinical trials with antiviral therapy and histological follow-up have shown that advanced fibrosis can regress and that in some cases cirrhosis can completely reverse following long-term sustained virological response (SVR). Thus, for instance, cirrhosis reversal was observed in over 60% of patients with cirrhosis who reached SVR, and in general the fibrosis stage was improved in 56-61% of the cases. Nevertheless, a marked proportion of patients with cirrhosis will not reverse even after successful antiviral therapy. Generally, cirrhosis is more likely to regress if recently developed, if there is a long-lasting viral cure, and extensive vascular remodeling and tissue regeneration has not yet taken place. Unfortunately, no reliable biomarkers have been identified that can reproducibly predict fibrosis reversal. The new directly acting antivirals (DAAs) will extend the indication to treatment to patients with advanced fibrosis although a substantial risk of hepatocellular carcinoma will persist. The widespread availability of new therapeutic options will substantially change the hepatitis C scenario and for the first time patients will eventually experience a complete cure from a once poorly treatable chronic liver disease.