

O1035 Late presentation of hepatitis C virus infection in persons with HIV-HCV co-infection in Greece

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Background: Late presentation of chronic viral hepatitis (CVH) is a recently defined entity. Although early diagnosis of chronic liver diseases is crucial for favourable prognosis, a significant proportion of patients with CVH are detected in an advanced stage of fibrosis. Respective data in persons with HIV-HCV coinfection in Greece are lacking.

Materials/methods: Retrospective study of HIV-HCV coinfecting persons followed in our HIV unit. Data regarding patient and disease characteristics were collected at the time of HIV diagnosis. HCV late presentation (HCV-LP) was defined as ≥ 1 of the following: METAVIR $\geq F3$ in liver biopsy, stiffness > 9.5 kPa in transient elastography, APRI (AST to Platelet Ratio Index) > 1.5 or FIB-4 > 3.25 . A comparison of characteristics between patients with and without HCV-LP was made.

Results: Our cohort consisted of 142 HIV-HCV coinfecting persons [male: 82%, mean age: 37 ± 9 years, Greek nationality: 82%, people who inject drugs (PWID): 80% (64% on active use, 41% on opioid substitution), 86% diagnosed after 2010]. History of incarceration and alcohol abuse was recorded in 32% and 48%, respectively. Regarding HIV infection, 50% were late presenters [median CD4 count at diagnosis (IQR): $350/\text{mm}^3$ (387)] and 82% started ART with 71% being undetectable at follow-up. Most common HCV genotypes were 3a (42%) and 1a (33%). HCV-LP evaluation was feasible in 113 patients and 15/113 (13%) of patients fulfilled ≥ 1 criterion for LP. Compared with non-LP, HCV-LP tended to be older (39.3 vs 35.8 years, $p=0.17$), less likely to be PWID (73% vs 85%, $p=0.27$) and to have a history of incarceration (13% vs 35%, $p=0.1$) and they had numerically higher CD4 counts at diagnosis [median (IQR): 397 (442) vs 350 (333), $p=0.4$]. Patients diagnosed before 2010 were significantly more likely to be HCV-LP compared with those diagnosed after this year (33% vs 11%, $p=0.03$).

Conclusions: One out of 8 HIV-HCV coinfecting persons was HCV-LP at HIV diagnosis. Those diagnosed during the last 8 years were less likely to be HCV-LP, probably due to interventions targeting at secondary prevention of HIV transmission after an HIV outbreak that occurred among PWID in Athens at that period (2011-2012).

