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Virology: Hepatitis

Hepatocellular carcinoma in a long-term sustained virological responder following pegylated interferon plus ribavirin combination therapy for chronic hepatitis C

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Objectives

It is well known that long-term complications of hepatitis C virus (HCV) infection including hepatocellular carcinoma (HCC) and cirrhosis are eliminated or decrease in sustained virological responders after treatment.

We report a case from Turkey who developed HCC 4 years after sustained and complete response to pegylated interferon plus ribavirin combination therapy.

Case

A 60-year-old man with HCV genotype 1b was treated with pegylated interferon alpha-2b in combination with ribavirin for a total of 52 weeks. Initially, his liver histology was consistent with a mild activity and 1/6 fibrosis stage due to chronic hepatitis C. After 28 weeks of treatment, aminotransferase levels were in the normal range and HCV RNA (polymerase chain reaction) was undetectable in serum. Sustained and complete response were obtained with normalization of aminotransferases and disappearance of HCV RNA in serum continuously. HCV-RNA was also not detected in the liver tissue after treatment, but histopathological examination was the same as before. He followed up for HCC based on biochemical and ultrasound evaluation every 6 months. HCC was detected 48 months after cessation of therapy with the elevation of serum aminotransferases and alpha-fetoprotein for the first time, then splenomegaly and ascites were revealed by ultrasonography. HCC was diagnosed by computed tomography and angiography, and then treated through transarterial embolization but patient died of liver failure within 2 months.

Conclusions

Successful treatment in our case didn't prevent development of HCC even in non-cirrhotic liver. Our case

indicates the importance of not underestimating risk of HCC development even many years after sustained and complete

response to HCV treatment. Long-term follow up are always mandatory and should include more carefully and closely

surveillance for HCC.