

Coinfezione HBV HCV alcune premesse

“The Dual hepatitis C virus (HCV)/hepatitis B virus (HBV) infection is not uncommon in HCV or HBV endemic areas and among subjects at risk of parenteral transmission. In patients dually infected with hepatitis C and B, the disease manifestations are usually more severe than those with either virus infection.” (1-9)

Coinfezione HBV HCV alcune premesse

“In patients with HBV/HCV coinfection, anti-HCV treatment may induce a reactivation of HBV replication and, conversely, anti-HBV treatment a reactivation of HCV replication.” ⁽¹⁻⁹⁾

	treatment	Rectivation EOT	Reactivation Follow up
Potthof, 2008/2009	PegIfn Riba	4/13(31%)	45%
Liu, 2009	PegIfn Riba	47/76 (61.8%)	—
Yu, 2009	PegIfn Riba	11/46 (23.9)	—

“HBV HCV coinfection”

- *“No data on the efficacy and safety of new Directly Acting Antiviral regimens with/without Peg-IFN and ribavirin treatment in HBV/HCV chronic coinfection have been published.”* (1-9)
- *Few case reports only give alerts about risk of HBVReactivation.*
- *Current HCV treatment guidelines offer generic guidance on treatment and monitoring of patients coinfecting with HBV.”* 10-11

Contributo clinico: 3 pazienti HBsAg+

- Soggetti arruolati: 3
- Caratteristiche cliniche:
 - 2 con cirrosi stadio CPT B7
 - 1 con “cirrosi iniziale” F4 Metavir+linfoma NH
- genotipi: 3, 1b, 2 rispettivamente
- Critério prevalente di arruolamento: 1 di AIFA

3 pazienti HBsAg positivi

	Paziente 1	Paziente 2 Q ₄	Paziente 3 Q ₄
Stadio CPT	B7	B7	A5 linfo
MELD	10	9	6
Durata terapia con ETV	2y	1,5y	1y
Genotipo	3	1b	2
HCV RNA	2.300.000	1.630.000	650.000
HBV DNA	NR	NR	38 UI**
Terapia HCV	SOF RIB 24w*	SOF DAK 24w	SOF RIB 24w
HCVRNA 4w	NR	NR	NR
HCVRNA EOT	NR	NR	NR
HBV DNA EOT	NR	NR	NR
HCV RNA 12 W F UP	relapse	NR	NR
HBV DNA 12 W F UP	NR	NR	NR
HBV DNA 24 W F UP	NR	NR	38 UI

*Trattamento all'epoca considerato ottimale, attualmente no

** diventa NR dalla IV settimana

considerazioni

- In nessun paziente si è osservata riattivazione di HBV dopo la soppressione di HCV durante il trattamento e fino a W12 di follow up
- La concomitante terapia soppressiva di HBV: compatibile e priva di effetti collaterali ha controllato la replicazione di HBV dopo la soppressione di HCV
- La paziente 3 ha presentato a W24 di follow up riattivazione di HBV ma anche della malattia ematologica

Contributo clinico: una paziente HBsAg negativa

Stadio CPT	A6 naive		
MELD	10		
Genotipo	1b		
HCV RNA	450.000		
HBsAg	ASSENTE		
Terapia HCV	SOF SIM RIB 12w		
W4 HCVRNA	NR	ALT	0.5
EOT W12 HCVRNA	NR	ALT	0.4
		ALT W4 FUP	X 9 VN
W12 F up HCV RNA	NR	ALT W8 FUP	0.8

Percorso diagnostico

- EBV, CMV, HAV IgM ASSENTI
- ANA, AMA, SMA ASSENTI
- AFP, GGT, FA NELLA NORMA
- HCV RNA NON RILEVABILE
- RIPETE MARCATORI HBV:
HBcAb e HBeAb Presenti
HBV DNA RILEVABILE: 35UI (determinazione
effettuata a w20 di follow up)

diagnosi

Riattivazione di HBV (OBI)
dopo la soppressione di HCV

riflessioni e deduzioni

- Nel trattare per HCV una popolazione anziana, non coperta da vaccinazione, con elevata prevalenza di marcatori di pregressa infezione da HBV è sufficiente il solo HBsAg ?
- I soggetti HBsAg + con malattia avanzata andrebbero trattati contemporaneamente anche per HBV anche in assenza di HBV DNA !
- I soggetti HBcAb+ andrebbero profilassati ?
- Quanto dovrebbe durare il monitoraggio ?

references

1. Liu CJ, Liou JM, Chen DS, Chen PJ. Natural course and treatment of dual hepatitis B virus and hepatitis C virus infections. *J. Formos. Med. Assoc.* 2005; 104: 783–91.
2. Liu CJ, Chen PJ, Chen DS. Dual chronic hepatitis B virus and hepatitis C virus infection. *Hepatol. Int.* 2009; 3: 517–25.
3. Chen DS. Fighting against viral hepatitis: lessons from Taiwan. *Hepatology* 2011; 54: 381–92.
4. Sagnelli E, Coppola N, Messina V *et al.* HBV superinfection in hepatitis C virus chronic carriers, viral interaction, and clinical course. *Hepatology* 2002; 36: 1285–91.
5. Liaw YF, Chen YC, Sheen IS, Chien RN, Yeh CT, Chu CM. Impact of acute hepatitis C virus superinfection in patients with chronic hepatitis B virus infection. *Gastroenterology* 2004; 126: 1024–9.
6. Donato F, Boffetta P, Puoti M. A meta-analysis of epidemiological studies on the combined effect of hepatitis B and C virus infections in causing hepatocellular carcinoma. *Int. J. Cancer* 1998; 75: 347–54.
7. Huang YT, Jen CL, Yang HI *et al.* Lifetime risk and sex difference of hepatocellular carcinoma among patients with chronic hepatitis B and C. *J. Clin. Oncol.* 2011; 29: 3643–50.
8. Liu CJ, Chuang WL, Lee CM *et al.* An open label, comparative, multicenter study of peginterferon alfa-2a plus ribavirin in the treatment of patients with chronic hepatitis C/hepatitis B co-infection versus those with chronic hepatitis C mono-infection. *Gastroenterology* 2009; 136: 496–504.
9. Yu ML, Lee CM, Chen CL *et al.* Sustained HCV clearance and increased HBsAg seroclearance in patients with dual chronic hepatitis C and B during post-treatment follow-up. *Hepatology* 2013; 57: 2135–42.
10. Hepatitis B Virus Reactivation During Successful Treatment of Hepatitis C Virus With Sofosbuvir and Simeprevir Jeffrey M. Collins, et Al, *Clin Infect Dis.* (2015) 61 (8): 1304-1306.
11. American Association for the Study of Liver Diseases/Infectious Diseases Society of America/International AIDS Society–USA. Recommendations for testing, managing, and treating hepatitis C March 2015