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The influence of all oral antiviral treatment on carcinogenesis in HCV chronic hepatitis

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Introduction: After the initial enthusiasm of an easy cure for HCV chronic hepatitis using all- oral antiviral treatment, new problems have begun to emerge, one of the most important being the remaining risk of hepatocellular carcinoma (HCC). This study analyzes the particularities of HCC diagnosed during or after treatment with paritaprevir/ombitasvir/ritonavir, dasabuvir with or without ribavirin.

Methods: 173 patients with HCV cirrhosis and 105 patients with F3 degree of fibrosis were included in the study. We followed the patients between January 2016 and March 2017. Alpha-fetoprotein and abdominal ultrasonography were routinely performed at the initiation of therapy and every 3 months afterwards. If AFP levels were higher than the normal value or twice the previous value, abdominal CT or contrast- enhanced ultrasonography were performed.

Results: Before therapy, 120 patients with F4 fibrosis and 28 patients with F3 fibrosis had higher levels of AFP. Abdominal imaging did not reveal any HCC nodules. On treatment, five patients presented higher levels of AFP. Abdominal CT revealed single HCC nodule in three patients and multiple nodules in the other two. The patients continued paritaprevir/ombitasvir/ritonavir, dasabuvir. Transarterial chemoembolization was performed in three patients (without portal vein thrombosis), while on antiviral treatment, with good outcome and at the end of treatment two patients presented higher levels of AFP (twice the initial values). As they both had previously undergone CT scan, we performed abdominal MRI which revealed single HCC nodules and the patients refused surgical resection and underwent transarterial chemoembolization, with good outcome. At three months after end of treatment three patients presented increased level of AFP and these patients required MRI evaluation as abdominal CT scan was not able to determine the exact sizes and extension. In all patients, the abdominal MRI showed more lesions and a larger extension that the CT had anticipated. These patients also underwent chemoembolization; one month and three months follow-up showed no tumor progression and AFP levels decreased. Notably, all patients acquired sustained virologic response.

Conclusion: The screening for hepatocellular carcinoma needs to be continuous, even after virologic cure. Patients who develop HCC after antiviral treatment need to be evaluated by MRI in order to detect the extension of the disease as these tumors are more often infiltrative.

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