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Impact of hepatic steatosis on response to antiviral therapy in Egyptian patients with chronic hepatitis-C

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Background & Aim: Hepatic steatosis in hepatitis C virus (HCV) infected patients have been shown to enhance the progression of liver fibrosis and decrease the response to antiviral therapy. The current study is designed to investigate the impact of hepatic steatosis on the outcome of pegylated interferon and ribavirin combination therapy in patients with chronic hepatitis C genotype 4.

Patients & Methods: A total number of 200 patients were selected from 270 patients who were referred to HCV Treatment Unit of New Mansoura General Hospital from February 2012 to August 2013 after taking an informed consent. There were 129 males and 71 females with their ages ranged from 25 to 55 years (mean value, 35.5±15.2). They had proven chronic hepatitis C virus based on history of exposure, clinical manifestations, positive anti-HCV antibody, positive HCV viremia and liver biopsy findings suggestive of chronic hepatitis C.

Results: Group I included 100 patients (70 men and 30 women; mean age of 42.9 ± 12 years) without liver steatosis. Group II included 100 patients (59 men and 41 women; mean age of 45.23 ± 11 years) with liver steatosis. In terms of steatosis grading using the NAS and METAVIR scoring systems, 50% had no steatosis while 8.5% had mild steatosis, 18.5% had moderate steatosis and 23% had severe steatosis. Body mass index of patients receiving interferon is significant between both groups. Hepatomegaly shows significant values between both groups. Platelets count, ALT, AST, s-cholesterol and s-triglycerides levels has statistically significant differences between group I (non-steatotic) and group II (steatotic). There is statistically significant difference between both groups on necro-inflammatory activity grades, high statistical significant difference between grading of steatosis and necro-inflammation and between grading of steatosis and fibrosis stages. Statistical significance difference between both groups at SVR and steatosis has a negative effect on SVR by comparison to non-steatotic group. High degree of hepatic steatosis has a negative impact on pegylated interferon and ribavirin therapy in chronic HCV genotype 4 minimizing sustained virological response of rates.

Conclusion: Our study confirms that hepatic steatosis correlates with BMI, s-cholesterol, s-triglycerides, fibrosis, necro-inflammatory stages and has a negative impact on response to antiviral therapy.

Biography

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