KSN 2018
Seoul, Korea · May 17 - 20

Abstract Type : Oral
Presentation No. : OR 07 TL-06

Treatment of chronic hepatitis C infection in renal transplant recipients: Our experience in developing world

Sourabh Sharma, Debabrata Mukherjee, Ranjith K Nair
Department of Nephrology, Army Hospital Research & Referral, Delhi, India, India

Case Study: Background: Chronic hepatitisC is associated with deleterious consequences in renal transplant recipients(RTR). Since introduction of direct antiviral agents(DAA), morbidity of HCV has considerably decreased but still no guidelines have been formulated regarding RTR. We studied efficacy and tolerability of DAA in RTR.
Materials/methods: This prospective observational study was conducted at Army-Hospital-Research-and-Referral, Delhi from June2016 to May2017. Forty-five HCV infected RTR with stable graft function were included and treated with DAA (Figure 1). HCV-RNA level was done at 4weeks for rapid-virological-response(RVR), 12/24 weeks for end-treatment-response(ETR) and 12weeks after treatment completion for sustained-virological-response(SVR12).
Results: Forty-five RTR were included in study. Median age was 38years(range 23-68years). Females compromised 48.9%(22/45) of cases. Median time between transplantation and the start of anti-HCV therapy was 36months(range 1-120months). Eighteen patients(40%) had documented HCV infection prior to transplantation, while 27patients(60%) were detected to have HCV infection after transplantation. Majority(66.7%) of cases were infected with genotype3. Baseline median HCV-RNA level was 542648IU/ml(range 1189-55028534IU/ml). RVR was observed in 29 patients treated with Sofosbuvir-Ribavirin, all patients on Ledipasvir-Sofosbuvir or Daclatasvir-Sofosbuvir. ETR and SVR12 was achieved in all patients. The decrease in mean HCV-RNA level and serum transaminase level was statistically significant($p<0.01$). Ribavirin was significantly associated with anaemia($p=0.032$; Table1).
Conclusions: DAA regimens are well tolerated and highly efficacious. Response to DAA is good irrespective of genotype, drug combination, timing of initiation, initial HCV-RNA level, age/sex of patient or graft age. However, Sofosbuvir/Ledipasvir and Sofosbuvir/Daclatasvir combination is preferable (better tolerated). DAA is highly effective in cirrhotics (24weeks therapy). Chronic HepatitisC infected patients awaiting transplantation can be safely transplanted and initiated on DAAs after graft stabilization.

Figure 1: Study population: DAA regimen stratification of study population

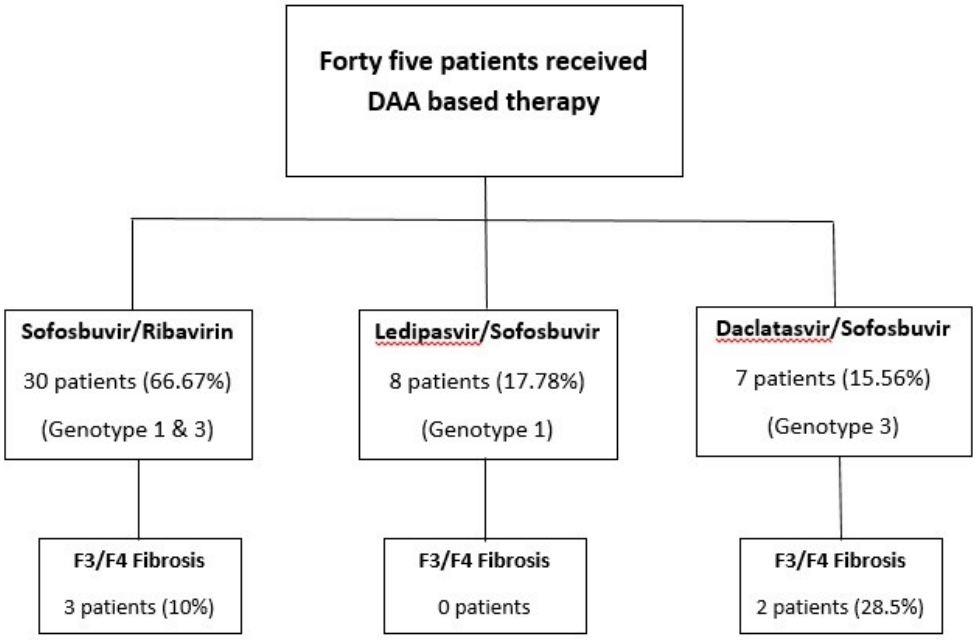


Table 1: Adverse events reported while on DAA therapy.

Table 1: Adverse events reported while on DAA therapy.

Adverse events	Sofosbuvir/ Ribavirin (n=30)	Sofosbuvir/ Daclatasvir (n=7)	Sofosbuvir/ Ledipasvir (n=8)	Total (n=45)
Anaemia	11	1	0	12
Diarrhoea	9	2	1	12
Headache	6	1	3	10
Nausea	4	4	2	10
Leucopenia	3	0	0	3
Thrombocytopenia	3	0	0	3
Influenza like illness	2	0	0	2
Myalgia	1	1	0	2
Graft dysfunction	1	0	1	2