

*Discussions in Hepatitis C Co-
Infection: Cases,
Circumstances &
Complications*

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Case 1

37 year old woman recently diagnosed with HIV presents for evaluation.

She has no symptoms, no serious prior illnesses.

Initial labs: CD4 580 (31%); HIV viral load 8,000 copies/mL. Normal liver enzymes, creatinine, CBC, platelets. Hepatitis A antibodies negative. Hepatitis B surface antigen (HBsAg) negative, core antibody (HBcAb) negative, & surface antibody (HBsAb) positive. Hepatitis C (HCV) ELISA is positive for HCV antibodies

Questions

1. Would you start HIV therapy?
2. What further HCV workup is needed?
3. What additional liver disease workup is needed?
4. How would you counsel the patient re: HCV?
5. Would you recommend treating the HCV? What other information would you need?

Case 1

If this woman has a history of depression that is well controlled, does that change your decision to treat or how you monitor?

Case 2

46 year old man was diagnosed with HIV in 1992. Initial hepatitis testing revealed: positive HAV antibodies. Hepatitis B surface antigen (HBsAg) negative, core antibody (HBcAb) negative, & surface antibody (HBsAb) positive. Hepatitis C (HCV) antibody negative.

Repeat HCV antibody testing in 1999 was negative.

Case 2

cART started in 2009 (Atripla later changed to Combivir plus boosted darunavir for side effects & elevated creatinine)

Developed liver test abnormalities - ALT and AST elevated (previously normal)

HIV viral load undetectable, CD4 588, no change in HBV

HCV antibody now positive. HCV RNA levels 3 million copies/mL over 6 months of follow up, and HCV genotype 1b.

Case 2

IL28B genotype revealed TT genotype

Abnormal labs: platelets 72,000, INR was 1.4, TP 8.2, Albumin 2.9, creatinine 1.6

Questions

1. How do you explain HCV antibody testing results in 1992 and 1999
2. What additional liver disease workup is needed in addition those for case 1 - why?
3. How would you counsel the patient re: HCV treatment success?
4. Would newer HCV meds (protease inhibitors) be indicated for this man?

Case 2

If this gentleman has a history of methamphetamine use and claims sobriety for 1 year, does that change your decision to treat and how you monitor?

Case 3

A 26 year old medical technician was diagnosed with HIV in 2010. At that time, CD4 562, HIV viral load 27,000 CPM, HCV antibody negative, Hepatitis A antibody negative, and Hepatitis B surface antibody positive (vaccinated). Liver enzymes, creatinine, and platelets normal. He was vaccinated for HAV.

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Case 3

He presents 9 months after his initial visit with vague nausea and abnormal liver tests – ALT & AST are 542 & 440, respectively.

He recalls a needle stick accident at work 6 to 8 weeks ago.

HAV antibodies are positive, HBVsAb positive, and now

HCV antibody is positive. CD4 and HIV VL unchanged. HCV RNA 10 million CPM, and HCV genotype 2a.

Questions

1. Should acute HCV be treated? What are the consequences?
2. What should the timing be for acute HCV therapy?

Case 3

If this man has a history of psychosis many years ago, does that change your decision to treat or how you monitor?