

LIVER FIBROSIS IN CHRONIC HEPATITIS C PATIENTS WITH PERSISTENTLY NORMAL TRANSAMINASE LEVELS: IMPACT OF HIV INFECTION

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BACKGROUND

• Liver fibrosis progression is slower in HCV-infected patients with persistently normal ALT (PNALT) compared to those with elevated ALT levels.

• Differences in the rate of fibrosis between HIV pos and HIV neg patients with chronic hepatitis C and PNALT has not been studied.

METHODS

All patients with detectable HCV-RNA and PNALT who underwent liver fibrosis assessment using elastometry (FibroScan) at three different European institutions were evaluated.

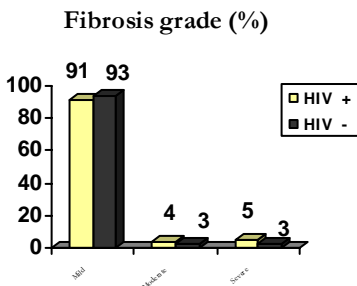
No patient had received HCV treatment. PNALT was defined as AST/ALT levels below the normal upper limit during at least three consecutive determinations made within the last 12 months.

FIBROSIS ASSESSMENT			
	Mild	Moderate	Severe
FibroScan	< 9.5	9.5-13.9	≥14
Metavir	F0-2	F3	F4

RESULTS

418 HIV neg patients were compared with 188 HIV pos patients.

All with PNALT



MAIN DIFFERENCES BETWEEN HIV pos AND HIV neg PATIENTS

	HIV - N=418	HIV + N=188	P
Women	281 (63%)	49 (37%)	<0.001
Mean ± SD age	52 ± 13.8	43 ± 5.9	<0.001
Alcohol intake > 40 gr/day	49 (18%)	24 (26%)	<0.001
Mean ± SD CD4 cell count	-	538 ± 278	
HAART	-	93 (79%)	
HCV Genotype 1	197 (55%)	63 (55%)	<0.001
HCV Genotype 2	84 (23%)	3 (4%)	
HCV Genotype 3	22 (6%)	12 (11%)	
HCV Genotype 4	49 (14%)	35 (32%)	
HCV viral load (UI/ml) (log)	5.9 ± 0.7	5.8 ± 0.8	0.2
Previous HCV treatment	1 (0.2%)	15 (11%)	<0.001

FACTORS ASSOCIATED WITH HAVING MODERATE-SEVERE FIBROSIS (MULTIVARIATE ANALYSIS)

	OR 95% IC	p
Age	1.04 (1.02-1.07)	<0.001
Women	0.9 (0.3-2.9)	0.8
Alcohol intake > 40 gr/day	0.6 (0.1-3.1)	0.6
HCV -RNA (log)	1.6 (0.7-3.7)	0.2
HIV POS	2.2 (0.9-5.2)	0.06

CONCLUSIONS

✓ Moderate-severe liver fibrosis is seen in less than 7% of HCV-monoinfected patients with PNALT.

✓ It rises to 10% in HIV-HCV coinfecting patients in the HAART era, when most HIV patients have preserved CD4 counts.

✓ Older patients show more advanced liver fibrosis.