RENAL FUNCTION ANALYSIS IN PATIENTS RECEIVING TREATMENT FOR HCV

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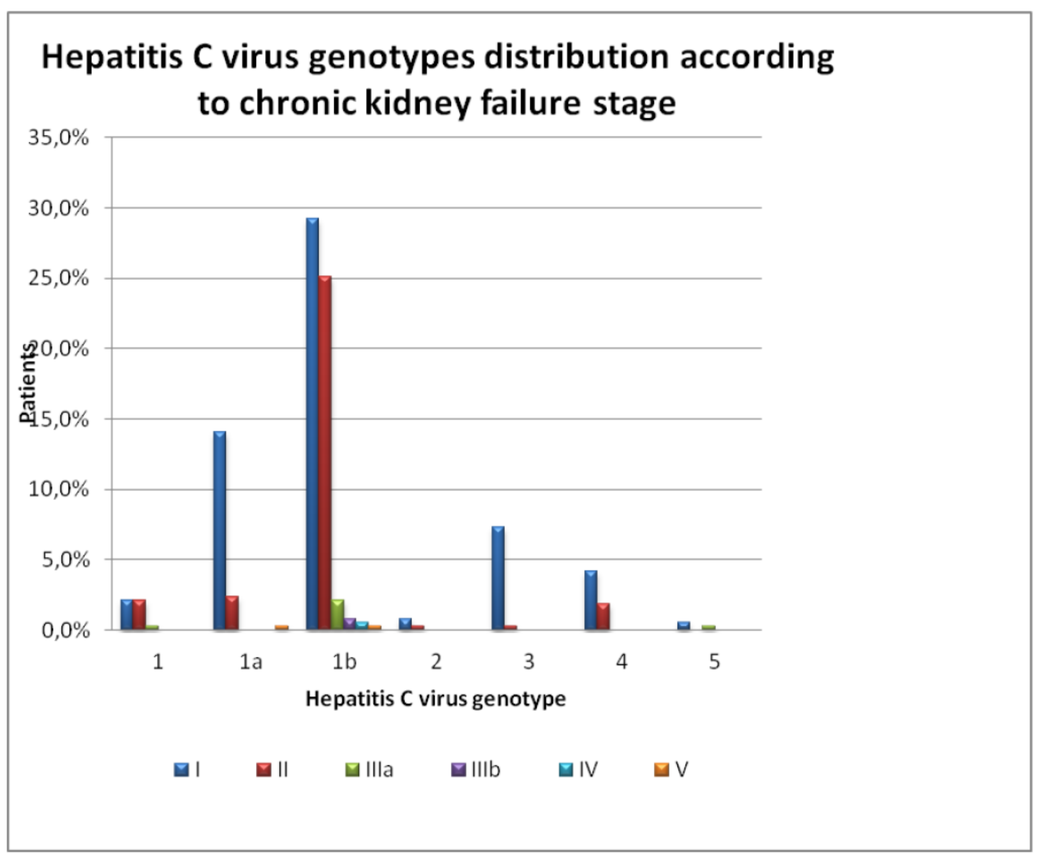
Patients with chronic hepatitis C virus (HCV) have a higher probability of presenting chronic kidney disease (CKD) than the general population, with an estimated odds ratio of 1.21. This may have repercussions on antiviral therapy selection as not all treatments for HCV are indicated in CKD. Also, treated patients seem to have a lower risk of developing CKD in the future and its development seems to be related with a higher viral load rather than with the HCV genotype. We sought to determine the prevalence of CKD in patients prior to receiving treatment for HCV and classify them according to chronic kidney failure stage.

Methods:

Serum creatinine levels, estimated glomerular filtration rate calculated by the Levey's formula, index of fibrosis on transient elastography (Fibroscan) and virus genotype were determined in all 383 patients with HCV from the Hepatology Unit prior to receiving antiviral therapy between April 2014 and October 2015.

Results:



The most prevalent genotypes, in descending order, were: genotype 1b (61.2%), genotype 1a (17.5%), genotype 3 (7.5%), genotype 4 (5.9%), unknown genotype 1 subtype (4.7%), mixed genotype subtypes (1.3%), genotype 2 (1%) and genotype 5 (0.8%). Of these, 38% had chronic kidney failure (32% stage II, 3.5% stage IIIa and IIIb, 1% stage IV and 1% stage V). Among the patients with chronic kidney failure, 93% had genotype 1 hepatitis C virus (79% genotype 1b) and 21% had grade F4 fibrosis on Fibroscan. Selected therapy for patients with chronic kidney failure were sofosbuvir/ledipasvir (13%), ombitasvir/paritaprevir/ritonavir and dasabuvir with and without ribavirine (11 and 6%, respectively) and simeprevir (1%).

Conclusions:

The prevalence of CKD in patients expected to receive antiviral therapy for HCV is higher than in the general population (38% vs 9.1%), most of these with mild renal impairment (estimated glomerular filtration rate higher that 60 mL/min/1.73m2 or kidney failure stage II). The majority of patients had genotype 1b HCV and sofosbuvir/ledipasvir was the most indicated treatment. Further analysis to determine the effect of the different antiviral therapies on kidney function of these patients during and at the end of treatment will be presented in the future.

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