TREATMENT OF HEPATITIS C VIRUS IN RENAL TRANSPLANT PATIENTS. RESULTS FROM A SINGLE CENTRE WITH THE USE OF DIRECT ANTIVIRAL AGENTS

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INTRODUCTION AND OBJECTIVES

Hepatitis C Virus (HCV) infection determines a lower survival of renal graft, as well as a lower survival of the Renal Transplant (RT) patient. Treatment with the new direct antiviral agents has been described as an excellent alternative for these patients.

The aim of this study was to evaluate the efficacy of the direct antiviral agents in RT patients in our centre, and also the evolution of renal function, proteinuria and changes of immunosupressive treatment (IT).

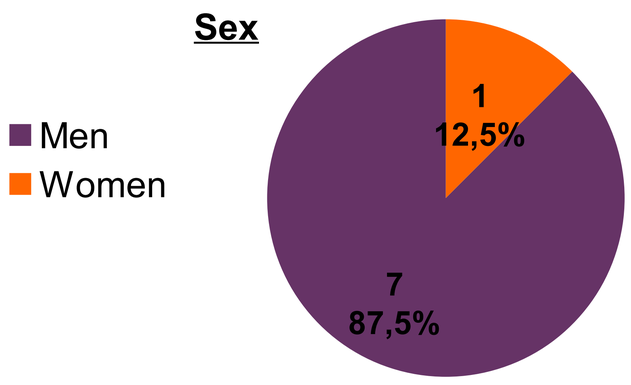
METHODS

We performed a retrospective analysis of demographic data, antiviral treatment, changes of IT during the treatment of HCV infection, plasma levels of IT, evolution of renal function and complications due to HCV treatment.

RESULTS

Demographic variables

Sex



Median age (years)	56,5 (32-69)

Renal disease aetiology
1 diabetic nephropathy
1 nephroangiosclerosis
2 glomerulonephritis
1 vasculitis
1 renal agenesis
2 unknown nephropathy

Genotype	Antiviral treatment	Duration (weeks)
7 genotypes 1b	1 Sofosbuvir/Ledipasvir	8
	3 Sofosbuvir/Ledipasvir	12
	3 Ombitasvir/Paritaprevir/Ritonavir	12
1 genotype 3	Sofosbuvir/Daclatasvir	24

	Beginning	End	*p* value
Median creatinine*, mg/dL*	1,42 (1,13-1,75)	1,27 (1,14-1,87)	0,09
Median proteinuria*, mg/24h*	217,5 (85-273)	112 (69,7-281)	0,31
Median viral load*, U/L*	452744,5 (46490-2332136)	Negative	

5 partients required dose adjustment of immunosupressive therapy:

- 3/3 Ombitasvir/paritaprevir/ritonavir: 2 tacrolimus;1 mycophenolic acid
- 2/3 Sofosbuvir/Ledipasvir: 1 tacrolimus; 1 everolimus

CONCLUSIONS

- All patients who have finished HCV treatment have negative viral load.
- During the treatment, renal function and proteinuria have been stable, even those cases which required changes in IT dose.
- Very good drug tolerance.

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