CASE OF SEVERE HEPATITIS B WITH III DEGREE FULMINANT HEPATIC FAILURE

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An own case is introduced.

Patient K., 18 y.o., was treated in unit of infectious diseases of Botkin city hospital (Orel, Russia) with diagnosis of «Severe viral hepatitis B, icteric form, III degree acute liver failure, acute hepatic encephalopathy, grade III, coma I-II, cerebral edema, DIC-syndrome». The diagnosis was confirmed with clinical and laboratory data. 18.11.2013 patient marked fever, darkened urine, discoloring of stool, from 22.11.13 - jaundice occurred, patient complained of heaviness in the right upper quadrant. He had no hepatitis B vaccination history. General condition of moderate severity was at the moment of admission. Basic and pathogenetic therapy was started. Deterioration of condition – at 24.11.13: uncontrolled vomiting, weakness, progressing jaundice; patient was lethargic, answered with mistakes.

FBC: leukocytosis, increased ESR, PI -22 %, total bilirubin - 295.2 μmoll/L, ALT – 1525 U/L, AST – 1455 U/L. Transferred to the ICU. Correction of therapy: prednisolone, fresh frozen plasma, angioprotectors, gordox. At 25.11.13 patient examined by group of doctors: an extremely severe condition, consciousness level - coma II. FLT: total bilirubin - 301 8 μmoll/L, ALT – 3900 U/L, AST- 1400 U/L, PI - 45%. Transferred to the ICU on the ventilator. Enhanced therapy: dexamethasone 32mg/day, hepa-merz 60 ml/day, gordox 600 mg/may, fresh frozen plasma up to 800 ml/day, albumin IV, antivirals (Zeffix, viferon), duphalac 200mg via enteral feeding tube, plasmapheresis. On the 9th day of therapy the patient was conscious, responding to answers and requests. Discharged in stable good condition at the 26th day of disease, FLT: total bilirubin 36.4 μmoll/L, ALT – 103 U/L, AST 43 U/L, PI - 95 %.

Case of severe viralhepatitiscomplicated withhepatic comademonstrates the feasibility ofclinical recovery inyoung patientswithoutcomorbidities in case ofif earlyintensive care is started.

CHANGES IN THE DEGREE OF FIBROSIS IN PATIENTS WITH RELAPSED CHRONIC HEPATITIS C AFTER ANTIVIRAL THERAPY

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Objective: to study changes in the degree of liver fibrosis during antiviral therapy (OEM) in patients with chronic hepatitis C (CHC) with relapse at 24 weeks after treatment.

Material and methods. Antiviral therapy conducted 419 patients with CHC who were divided into groups: 85 patients (group 1) receiving PegIntron and ribavirin; 1 genotype was detected in 45 (53.9 %) patients, genotype 2 - in 10 (11.8%), 3, 30 (35.3%) patients; fibrosis 0-2 degree detected in 74 (87.1%) patients, grade 3-4, in 11 (12.9%). Group 2 patients (41 people) were treated with Roferon in combination with ribavirin Ingaron and, among these patients, genotype 1 was observed in 13 (31.7%) persons, 2 in 5 (12.2%), 3 in 23 (56,1%) patients, the degree of fibrosis 0-2 detected in 38 (92.7%) patients , grade 3-4 - 3 (7.3%) patients. 293 patsienta (group 3) were treated Altevir in combination with ribavirin, 1 GS genotype was detected in 102 (34.8 %) patients, 2 - in 51 (17.4%), 3- u140 (47.8%) patients; fibrosis 0-2 degree determined in 232 (79.2%), grade 3-4 - in 61 (20.8%) persons.

Results of the study. Recurrence of hepatitis in group 1 was recorded in 8 (9.4%) patients: 4 patsienta (8.9%) with genotype 1, 2 patients with genotypes 2 and 3 (20% and 5.7%), of which the degree of fibrosis 0-2 extent determined in 4 patients, and grade 3-4 in 4 patients. 2 groups of patients with recurrences were observed in 6 (14.6%) persons: 1 genotype was detected in 1 (31.7 %) patients genotype 3 - in 5 (21.7%) patients; fibrosis 0-2 largely determined at 4 (10.5%) patients, the degree of fibrosis 3-4 - in 2 (66.7%) patients.

In group 3 relapse was recorded in 36 (12.3%) patients: 102 (34.8%) of patients with genotype 1 in 51 (17.4%) of 2 and 12 (8.6%) with genotype 3, 0-2 fibrosis degree was detected in 28 (12.1%), grade 3-4 - in 8 (13.1%) patients.

PREGNANCY IN THE WOMEN WITH CHRONIC HEPATITIS B AND C

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Based on the investigation of 31 women with HBV and 76 women with HCV, it is concluded:

No considerable variation of the HBsAg level in the course of pregnancy has been observed.By contrast, there occurs a significant variation of the viral load during pregnancy.A high HBsAg level is often associated with a high ALT level after delivery. Therefore, the HBsAg level can be used as a predictive factor of hepatitis flare after delivery.In the HCV cohort a high ALT level has been more frequently observed after delivery than during pregnancy. The ALT level during hepatitis flare after delivery was higher in the HCV cohort than in the HBV cohort. Considerable variations of viral load in the course of pregnancy have been more frequently observed in the HBV cohort than in the HCV cohort.

PREDICTING THE EFFECTIVENESS OF ANTIVIRAL THERAPY IN PATIENTS WITH CHRONIC HEPATITIS C GENOTYPE 1

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With limited financial resources and the high cost of triple therapy, standard forecasting effect of antiviral therapy in patients with chronic hepatitis C, infected with genotype 1, is anactual. The most significant predictors of sustained virological responseare: genotype HCV, gene polymorphism IL28B, stage of liver fibrosis.

The purpose of the study: weredefinition of therapeutic tactics in patients with CHC genotype 1 based on a comprehensive assessment of predictors of SVR.

Material and methods. Research was done in the specialized hepatological center in the regional infectious diseases clinic. 20 patients with chronic hepatitis C genotype 1 were examined. Among them - 12 men (60%), 8 women (40%), average age was 31,2 ± 2,9 years. To determine SVR probability we used HCV Genofibrotest (Biopredictive, France), including gender, age, stage of fibrosis, the degree of activity (by METAVIR), polymorphism of IL28B, HCV genotype and the amount of virus in the blood.

The results. In ourgroup of patientsSVR probability was 14-63%. Because the probability of SVR stage of fibrosis and degree of activity, patients were divided into three groups: 1 group 9 (45%) patients - antiviral therapy can be delayed; 2 group 4 (20%) patients - the standard antiviral therapy can be used; 3 group 7 (35%) patients – triple antiviral therapyis better to use.

Conclusions. Comprehensive assessment of predictors of sustained virological response using HCV Genofibrotest allows to predict the effectiveness of standard antiviral therapy in patients with chronic hepatitis C genotype 1 and determine the therapeutic tactics in this patient group.