DISTRIBUTION OF IL28B GENE POLYMORPHISMS IN SARATOV REGION

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IL28B gene polymorphism is one of the factors, predicting antiviral treatment efficacy in patients with GT1 chronic hepatitis C. Rate of different IL28B gene polymorphisms differs between groups of patients. Study of this gene characteristics in each region becomes challenging.

Purpose: To study rate of different IL28B polymorphisms in HCV-patients of Saratov Region.

Methods: We screened 260 patients with GT1 HCV, who were monitored in different healthcare organizations of Saratov Region. We studied rs12979860 and rs8099917 IL28B polymorphisms. Serum leucocytes' DNA was measured by "DNA-sorb-B" kits (Central Research Institute of Epidemiology, Moscow). Polymorphisms were determined by pyrosequencing using genetic analysis system «PyroMark Q24» («Qiagen», Germany). PCR and pyrosequencing were performed according to kits «AmpliSens® Pyroscreen» (Central Research Institute of Epidemiology) manual.

Results: rs12979860 CC genotype was detected in 23.5% of patients, CT genotype in 55.0%, TT genotype in 21.5%. rs8099917 TT genotype was found in 45.0%, TG in 46.5%, GG in 8.5%. Combination of rs12979860 CC and rs8099917 TT genotypes was revealed in 23.8% of patients. Thus, every fourth patient with GT1 HCV is expected to achieve SVR by PegIFN and Ribavirin treatment. The majority of patients with GT1 should be considered for triple treatment with direct acting antiviral drugs.

Conclusion: A study of IL28B polymorphisms distribution is necessary for improvement of regional HCV patients' treatment programs. Detecting IL28B polymorphism contributes to higher rate of SVR in every individual case.

DOMESTICALLY PRODUCED PEGYLATED INTERFERON ALPHA2B (ALGERON) IN CHRONIC HEPATITIS C PATIENTS IN OUTPATIENT PRACTICE

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Today there is much tension around the issue of substitution of foreign Interferon alfa2 drugs by domestically produced. In February 2013 "BIOCAD" company has registered russian PEG-IFNa2b (Algeron) drug. Algeron is used in clinical practice recently and experience exchange is needed.

Purpose: to evaluate efficacy and safety of PEG-IFNa2b (Algeron) in combination with Ribavirin in patients with chronic hepatitis C (CHC).

Methods: We studied the rate of rapid virological response (RVR) (HCV RNA < 50U IU/ml at the week 4), early virological response (EVR) (HCV RNA < 50 IU/ml – full EVR or HCV RNA > 50 IU/ml, but decline of HCV RNA more than 100 fold –incomplete EVR at the week 12), HCV RNA at the end of treatment and SVR at the month 6, dynamic of ALT, liver stiffness (elastometry) in 20 pa-tients with CHC, who were randomized by genotype (GT). All patients were pre-scribed PEG-IFNa2b (Algeron) and Rebetol (according to BMI).

Results: Eight patients with GT 2 and GT 3 and two patients with GT 1b achieved RVR. ALT level was normal at that time in 17 patients. Full EVR was achieved in nine patients with GT 2 and GT 3 and in eight patients with GT 1b, three patients achieved incomplete EVR. All patients upon that time had normal ALT level. We observed a tendency towards liver stiffness decrease. Absence of RVR and achievement of incomplete EVR were more frequent in patients with GT 1b with g IL28B polymorphysm. All 20 patients completed a full course of treatment. HCV RNA was undetectable at the end of treatment in all 20 patients. None of the patients developed adverse reactions, requiring treatment discontinuation, dose correction or administration of haemopoetic drugs. The final results ac-cording SVR_0 rate will be presented in September 2015.

Conclusion: domestically produced drug PEG-IFNa2b (Algeron) in treatment-naive patients with CHC demonstrates high efficacy and safety in the real clinical practice during and at the end of treatment.

HEMATOLOGICAL DISORDERS IN PATIENTS WITH CHRONIC HEPATITIS C DURING ANTIVIRAL THERAPY

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During the treatment of patients with chronic hepatitis C (CHC) with pegylated interferon and ribavirin the most relevant side effects are hematological disorders. The occurrence of cytopenias degrades the quality of life of patients require dose adjustment of drugs and, consequently, reduces the frequency of achieving sustained virological response.

The purpose. To evaluate hematological disorders in patients with CHC during antiviral therapy.

Materials and methods. The study involved 59 patients with CHC who received antiviral therapy with pegylated interferon and ribavirin. Among them, 36 men (61%), women - 23 (39%). The median age was 30,3 ± 2,9 years. HCV genotype 1 was observed in 34 (57.6%) patients, 2 or 3 - 25 (42.4%). The diagnosis was established on the basis of generally accepted clinical, anamnesis and laboratory data. Liver sonoelastography with an Ultrasound Diagnostic Scanner Hitachi Hi vision Avius 2013 (Japan) and FibroTest (Biopredictive, France) was performed. Liver fibrosis stage was determined by the scale METAVIR.

The results. In patients with CHC during antiviral therapy hematological abnormalities were detected in 47 (79.7%) cases: anemia - 21 (35.6%), neutropenia - 46 (77.9%), thrombocytopenia - 27 (45.8%). Combined cytopenias observed in 28 (47.5%) patients. The most pronounced hematologic abnormalities were detected in all patients with liver fibrosis stage F3- F4.

Conclusions. Hematological disorders in patients with CHC during antiviral therapy recorded in 47 (79.7%). This requires close monitoring and correction. The most pronounced hematologic abnormalities observed in patients with liver fibrosis stage F3- F4.

HOLESTATIC SYNDROME AT THE PATIENTS WITH ACUTE HEPATITIS

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Holestatic syndrome at viral hepatitis appears obstinate inch, long-lived jaundice, major contents of blood bilirubin, total holesterol, beta - lipoprotein, high activity of alkaline phosphates and moderately expressed symptoms of intoxication. According to O.A.Dunaevsky,s recommendation, if at patient holestatic syndrome predominated above cytokitic syndrome during all disease, holestatic variant of hepatitis was diagnosed. If holestatic syndrome predominated above cytokitic syndrome in any period of illness, concluded, that AVH flows past with holestatic component.

The purpose of investigation: learning of holestas features at the patients with acute viral hepatitis (AVH A) and acute viral hepatitis (AVH B).

We inspected 20 patients with AVH A in the age of 18 till 50 years and 150 patients with AVH B. The diagnoses AVH A and AVH B by serological markers of hepatitis A and B were confirmed. For the patients with AVH A holestatic variant was not observed. Holestatic syndrome is detected for 30 % inspected. Holestatic component at patients with AVH A met in 5 % of cases. Skin itching, as the main marker of holestasis, was determined at 35 % patients with AVH A.

At patients with AVH B holestatic variant was met in 1,4 %. Holestatic component also was detected at 5,0 % of patients, and holestatic syndrome - at 36,0 %. The skin itching complaints 33,0 % of patients.

If to try to output "«formula"of holestasis for each group inspected, it will look like this: AVH A - 1: 6: 7; AVH B - 1: 6: 6,5; where: first digit - frequency of the patients with holestatic component, second - frequency of the patients with holestatic syndrome, third - frequency of the patients with skin itching .

Thus, at the patients with AVH A holestatic variant did not meet at all; holestatic component and holestatic syndrome was determined equally frequently at patients with hepatitis A and B.