

HEPATITIS C: A COMMON BUT INFREQUENTLY TREATED DISEASE

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Hepatitis C virus (HCV) infection was first identified in 1988¹ and anti-HCV tests to identify the virus became commercially available in 1990. Most cases of hepatitis previously referred to as Non-A, Non-B hepatitis were, in fact, cases of hepatitis C. Hepatitis C is transmitted by parenteral or per-mucosal exposure to infected blood or body fluids. Transmission from infected mother to the infant occurs in about 5% of the cases.²

Hepatitis C starts as acute infection. Fifteen to fifty percent patients recover spontaneously and the remaining develop chronic infection. Twenty percent of these chronically infected patients progress to the stage of cirrhosis. Six percent develop decompensated liver disease and 4% end with hepatocellular carcinoma.³ Most patients with acute HCV infection have no signs or symptoms of infection.² However, in general medical practice majority of the patients already have chronic hepatitis C.⁴ Chronic infections are also usually clinically silent and even cirrhotic patients remain clinically silent until decompensation takes place.² Chronic HCV infection affects 170 million population worldwide⁵ and according to WHO estimates the affected individuals are about 2 millions. Whatever the actual absolute number of chronically infected individuals with HCV, these individuals often remain undiagnosed, and fail to receive any treatment, because of silent nature of their disease. So the first presentation of the patient may be with decompensated cirrhosis where specific treatment for HCV has almost no role to play.

Even if infection is diagnosed because of screening for one reason or another, then in a country like Pakistan, a common man will give priority to treatment of common problems causing immediate threat to life, such as tuberculosis, malaria and acute diarrhoeal diseases, instead of spending money on a condition which may or may not cause significant health problem 15-20 years later. Polymerase Chain Reaction (PCR) for identification of HCV RNA is not only expensive but also not widely available. Therefore, HCV positive patients find it difficult to proceed beyond the step of testing their antibody status. As a result these patients fail to receive treatment because of lack

of confirmation of their disease. Treatment of HCV with interferon and ribavirin is very expensive so many patients find it difficult to start or to adhere to their treatment for the recommended duration of time. The problem is further aggravated by concern of the patients about the efficacy and side effects of the current regimens. As it is a common belief in these patients that these drugs are very toxic and work only in a minority of patients, therefore they show reluctance to spend huge amount on a disease in a situation where the ultimate outcome is uncertain.

Although non-responders to conventional interferon and ribavirin can be treated with peginterferon plus ribavirin but sustained virological response (SVR) can be obtained only in about 10% of such patients⁴ and treatment with this regimen can only be afforded by a limited number of non-responders. There are reports that some of the treated patients having SVR and declared as cured, may still develop HCV induced hepatocellular carcinoma, because it has been found that HCV RNA persist in hepatocytes of some of these patients despite achieving SVR.⁶

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