

中文題目：長效型干擾素合併雷巴威林對於肝移植後 C 型肝炎復發病人之治療

英文題目：Pegylated Interferon plus Ribavirin Combination Therapy in post Liver Transplant Recipients with Recurrent Hepatitis C Virus Infection

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Background/Aims

Post-transplant hepatitis C recurrence is universal in chronic hepatitis C recipients. Antiviral therapy is suggested after liver transplant to halt disease progress. Pegylated interferon plus ribavirin therapy is easily accessible and remains the standard of care in many areas in Taiwan. The treatment outcome of combination therapy is rarely reported in the literature in Taiwan. This study aimed to assess the safety, patient tolerability and treatment efficacy of pegylated interferon plus ribavirin for post-transplant hepatitis C recurrence.

Methods

Retrospective study of nine cases were diagnosed with hepatitis C and received liver transplant between 2010 and 2014. Patients received either pegylated interferon α -2a 180 μ g/week or pegylated interferon α -2b 1.5 mcg/kg/week plus ribavirin for hepatitis C recurrence. Main outcomes included sustained virologic response (SVR), rapid virologic response (RVR), end-of-treatment virologic response (ETVR), and virologic relapse. The side effects and severe adverse events of treatment were documented.

Results

Eight recipients received pegylated interferon α -2a therapy and the other one received pegylated interferon α -2b therapy. The total ribavirin dosage was 10.1 ± 2.9 mg/kg/day in average. The rates of RVR, EVR, ETVR and SVR was 33%, 44%, 77% and 55% respectively. Three patients early terminated therapy due to severe adverse events, including severe anemia, intra-abdomen infection and hepatocellular carcinoma recurrence.

Conclusions

Pegylated interferon/ribavirin combination allowed chance for cure from HCV reinfection in post liver transplantation population in Taiwan, but with some adverse effects and high discontinuation rate. Early identification of side effects and careful monitoring during therapy may enhance the treatment efficacy.