

中文題目：慢性 C 型肝炎病患於肝惡性腫瘤切除後的自發性 C 型肝炎病毒清除 – 個案報告
英文題目：Rapid spontaneous clearance of hepatitis C virus in a chronic HCV infected patient after successful resection of hepatocellular carcinoma

作者：吳尚諭¹、葉明倫²、黃志富²

服務單位：高雄醫學大學附設中和紀念醫院¹內科部²肝膽內科

Introduction

Spontaneous clearance of hepatitis C virus (HCV) was rare in chronic infected subjects. The mostly reported cases were subjects with human immunodeficiency virus (HIV) and HCV co-infection. Therefore we reported an interesting case with spontaneous clearance of HCV after resection of hepatocellular carcinoma (HCC)..

Case Presentation

The 56-year-old woman had a history of chronic hepatitis C (CHC) known for more than 10 years. She had never received any anti-HCV therapy because of fearing interferon side effect. She was firstly visited our clinic for direct acting antiviral (DAA) therapy consultation on July 2015. The initial survey revealed normal platelet count ($227 \times 10^9/\text{mm}^3$), and high aspartate aminotransferase (AST)/alanine aminotransferase (ALT) level (113/169 U/L). HCV survey revealed positive HCV antibody and HCV genotype 2 infection with RNA level 165482 IU/ml. Abdominal ultrasound demonstrated chronic liver disease and fatty liver. DAA was not reimbursed at that time and the patient was unable to afford the treatment. She did not receive anti-viral therapy at that time. The AST/ALT level fluctuated between 80 and 140 and the platelet count declined gradually in the following 1 year. In June 2016, a small liver nodule was found by ultrasound and the following exam confirmed the diagnosis of HCC. She received surgical resection and the histology of the normal liver tissue demonstrated liver cirrhosis (Ishak stage 6) with severe necro-inflammation (HAI score 16). The AST/ALT level declined to 46/85 U/L one week after surgery. Then the levels became normal (<40 U/L) and persisted till this June. We checked HCV RNA level again this June and the results showed undetected HCV RNA.

Discussion

Spontaneous clearance of HCV in chronic infected patients is a rare entity and most of the reported cases happened in HIV co-infected patients. Others like patients with immunosuppressive therapy, pregnancy, and HBV superinfection had also been reported. For our case, only female gender was positive associated with spontaneous clearance.

A query of our case was would the case be acute hepatitis C when she was firstly visited our clinic. From the patient's history and the liver histology of cirrhosis, we consider the long-term infection of HCV for at least 6 months, instead of acute infection. The HCV RNA was not regularly checked, but it was considered clearance after surgery. The AST/ALT level was still high before surgery and the liver histology showed severe necro-inflammation. All revealed the persisted HCV infection during surgery.

The interesting point of the case is the rapid decline of AST/ALT level, clearance of HCV RNA after resection of HCC. Whether the resection of HCC is associated with the spontaneous clearance of HCV is uncertain. However, our case was the first one reported the spontaneous clearance of HCV after hepatectomy. Whether there was a linkage still need further investigation.