

中文題目：直接作用抗病毒藥物在 C 型肝炎移植術後病人於用藥時機上對於續發性肝硬化的差異性

英文題目：The timing of direct-acting antiviral agent usage for hepatitis C carrier with liver transplantation make the difference in FIB-4 score

作者：呂孟銓<sup>1</sup> 施宇隆<sup>1,2</sup>

服務單位：<sup>1</sup>三軍總醫院內科部腸胃內科, <sup>2</sup>三軍總醫院澎湖分院

**Background:** Recurrent hepatitis C virus (HCV) infection after liver transplantation results in subsequent accelerated fibrosis. However, the prognosis as it relates to the timing of direct-acting antiviral (DAA) treatment after liver transplantation has not been widely investigated.

**Methods:** A retrospective observational study was performed from October 2003 to September 2019, including 21 patients with recurrent HCV infection from one center who started DAA therapy after an interval that ranged from 1 to 71 months after liver transplantation. This study used the FIB-4 score as a treatment response marker and Spearman's correlation coefficient to evaluate the correlation between the interval and the FIB-4 score.

**Results:** A longer interval between liver transplantation and DAA initiation was correlated with a higher FIB-4 score, and the correlation coefficient became higher as the observation interval became longer.

**Conclusion:** The inferior prognosis of hepatic fibrosis was correlated with a longer period between surgery and initiation of DAA treatment, which may offer an important new method that can be used to evaluate the prognosis of patients who plan to be treated with DAA, especially for patients with undetectable HCV RNA in the early stage, those who are intolerant to interferon therapy, and those without regular outpatient monitoring.