TREATMENT OF CHRONIC HEPATITIS C INFECTION IN THALASSEMA AND HEMOPHILIA PATIENTS; A CASE SERIES STUDY

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ABSTRACT

Background: Repeated blood and blood products transfusion is the essential part of treatment of major Thalassemia and hemophilia patients and is associated with increased risk of transmission of blood born viruses, such as I-IBV, HCV, HIV, etc. between the individuals.

Materials and Methods: Sixty-three HCV infected Thalassemia and hemophilia patients, who had been enrolled in Shiraz Hepatitis Registry Center, were entered in an antiviral treatment program consisting of pegylated interferon α-2a, 135-180 ug subcutaneously injected once a week and ribavirin 600-1000 mg orally administered per day, which was adjusted with genotype, body weight, and hemoglobin level. The treatment continued for 24 weeks for genotypes 2 and 3 and 48 weeks for genotype 1.

Results: Genotype 1 (57%) followed by genotype III (38%) were the most common genotypes among our patients. In 47 patients for whom treatment was prescribed, 41 ones had end of treatment response (87%), including 21 out of 24 (87%) thalassemia and 20 out of 23 (87%) hemophilia patients. The end of treatment response rates were 100% in type 2 and 3 (23 case) and 75% (18/24 cases) in genotype 1. Overall sustained virologic response (SVR) were 41%, with 43% (9/21 cases) in Thalassemia and 40% (8/20 cases) in hemophilia patients, 4 cases of whom had genotype 1 infection (21%) and 13 had genotype 2 and 3 infection (59%).

Conclusion: HCV infected major Thalassemia and hemophilia patients who have been treated with combined IFN α-2a and ribavirin achieved end of treatment response better than other HCV infected subjects in this study

KEYWORDS: Treatment of Chronic Hepatitis C Infection in Thalassemia and Hemophilia Patients; A Case Series Study, Genotype III