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TREATMENT OF CHRONIC HEPATITIS C INFECTION IN THALASSEMIA 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 pcgylated 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°/o) followed by genotype Ill (38o/o) were the most common genotypes among our patients. In 4 7 patients for whom treatment was prescribed, 41 ones had end of treatment response (87°/o), including 21 out of 24 (87o/o) thalassemia and 20 out or 23 (87~(>) hemophilia patients. The end of treatment response rates were 100% in ~c:•1ntypc 2 and 3 (23 case) and 75 % (18/24 cases) in genotype 1. Uv crall, sustained virologic response (SVR) were 41 %, with 43% (9/21 cases) in Thalassemia and 40°/o (8/20 cases) in hemophilia patients, 4 cases of whom had genotype 1 infection (21°/o) and 13 had genotype 2 and 3 infection (59%).

Conclusion: HCV infected major Thalassemia and hemophilia patients who have been treated with combined IFN a.-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 Ill