

PO-MO-099 – INFECTIOUS COMPLICATIONS



## **HCV Infection in Patients with**

# **Hereditary Bleeding Disorders**



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Objectives

Unavailability of adequate methods of viral attenuation in the early 1980's led to the transfusion of human blood-derived components from donors infected with Hepatitis C virus (HCV).<sup>1, 2, 3</sup>

Patients with hereditary bleeding disorders (HBDs) treated with human blood-derived components were infected with HCV, around 20% naturally eradicated their HCV infection.<sup>4</sup>

Approximately 80% developed chronic HCV. 10-20% progressed to end –stage liver disease in more than two decades.<sup>4</sup>

One of the major difficulties in monitoring HCV infection is that liver biochemistry and clinical status do not reflect the histology or disease activity.<sup>5</sup>

To define and characterize the subpopulation of HCV infected patients among the population of patients with HBDs followed in our Center.

To study and determine the number, age, gender and treatment modality of HCV infected patients in the subpopulation.

### Methods

Analysis of a series of 161 patients with HBDs treated in the Haemophilia Center of the Immunohaemotherapy Department of the Centro Hospitalar de Lisboa Central (Lisboa, Portugal).

Systematic review of the patients' clinical data. Collection of the HCV serum markers' evolution for each patient.

Elaboration of a Microsoft<sup>®</sup> Office Access database comprising the information gathered and statistical study, using Microsoft<sup>®</sup> Office Excel, of its variables: age, gender, degree of severity of the bleeding disorder, treatment frequency and modality and HCV infection serum markers.

		Haemophilia A (n=112)			Haemophilia B (n=23)		von Willebrand's Disease (n=26)		70 -					
		Severe	Moderate	Mild	Severe	Moderate or Mild	Type 2	Type 3			■ HCV+	HCV- N/A		
Number of patients		58	14	40	13	10	19	7	60 -					
(n=161)		36%	9%	25%	8%	6%	12%	4%	F0 -					
		41,0	35,6	42,3	36,1	53,6	53,0	43,0	50					
Age (years)		± 14,4	± 10,0	± 15,2	± 13,6	± 15,3	± 17,7	± 10,7	40 -					
Condor	Male	100%	100%	100%	100%	100%	21%	29%						
Gender –	Female	-	-	-	-	-	79%	71%	30 -					
Treatment	On demand	38	14	40	10	10	-	-	20					
frequency	Prophylactic	20	-	-	3	-	-	-	20					
Treatment	Human blood-derived	34	5	6	11	4	-	-	10 -			_		
modality	Recombinant	24	9	34	2	6	-	-						
	Positive	36	8	8	3	1	3	6	0 -					
		62%	57%	20%	23%	10%	16%	86%			Severe Moderate Mild	Severe Moderate	e Type 2	Type 3
HCV infected	Negative	17	4	25	8	6	5					or Mild		
		29%	29%	63%	62%	60%	26%	-		TOTA			von Willebrand's	
	Not available	5	2	7	2	3	11	1		IUIAL	Haemophilia A	Haemophilia B		
		9%	14%	17%	15%	30%	58%	14%					Dise	ease

### Conclusions

More than 80% (n=130) of the patients with HBDs followed in our Center have been studied for HCV infection. 40% (n=65) are infected.

Considering that most patients were infected in the late 70s and the natural evolution of HCV infection in patients without HBDs, it is expected that the prevalence of major complications will rise significantly in the coming years.

In order to be properly attended to, these patients should be identified as forming a subpopulation among the population of patients treated in our Center for HBDs, which is particularly vulnerable if not monitored adequately.

Therefore, this subpopulation requires our utmost attention and careful planning in order to achieve optimum prophylactic management and follow up of the disease and its potentially serious complications.

#### References

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- 4 Posthouwer D, Makris M, Yee TT et al. Progression to end-stage liver disease in patients with inherited bleeding disorders and hepatitis C: an international, multicenter cohort study. Blood 2007; 109: 3667–71.
- 5 Dooley J. Investigation of hepatitis C haemophilia including liver biopsy. Haemophilia 1995; 1 Supplement 4: 25–29.

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