Letters to the Editor

References


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Reply to: “Prediction of liver fibrosis progression by non-invasive tests in chronic hepatitis C: The impact of validation”

To the Editor:
We read with interest the comment by Sebastiani et al. on our article on the ability of 13C2-aminopyrine breath test (13C-ABT) to predict the progression of liver fibrosis in patients with hepatitis C virus (HCV)-related chronic hepatitis C [1]. They remarked on the existence of laboratory and instrumental tools [2] other than 13C-ABT, largely validated and even suggested by current guidelines [3], in the prediction of severity of HCV-related liver diseases.

Liver fibrosis, as evaluated on biopsy samples, is of crucial importance for the diagnosis of severity of liver diseases and is still the best prognosis predictor in patients with HCV-related chronic hepatitis [4]. The quest for non-invasive procedures able to accurately stage liver fibrosis and to predict outcome has led to various laboratory tests and imaging techniques. However, the rate and speed of fibrosis progression are highly variable, ranging from slow to rapid progression, probably in relation to host characteristics, external factors, co-infections and co-morbidities [4]. It is noteworthy that one of the major limitations of the invasive and non-invasive methods currently available to stage liver fibrosis is that none can predict the likelihood of disease progression at an early stage of the disease.

Transient elastography and serum markers have a high accuracy in the diagnosis of liver fibrosis for which they are recommended by current guidelines [3]. However, they have been proven to predict the outcome of HCV-related chronic disease only in terms of liver-related complications and survival [5–7]. In contrast, thanks to the experimental design of our study, which included only HCV-infected patients naïve to therapy, in absence of liver cirrhosis and other causes of liver disease, who underwent paired biopsies in a long-term follow-up (mean period 7 years), we were able to demonstrate that the 13C-ABT predicts the likelihood of disease progression at an early stage of the disease. Thus, a comparison between the 13C-ABT and the other tests mentioned by Sebastiani et al. in terms of diagnostic performance and health costs is not feasible.

Given the rapidly changing therapeutic landscape of HCV-related chronic diseases, it might become critical to identify who should be treated now and who might best wait for treatment. Thus, in the near future, the early identification of the subgroup of subjects at higher risk of liver fibrosis progression could be decisive in allocating healthcare resources and selecting antiviral treatment.

In conclusion, with the premise that further studies would be advisable to further validate 13C-ABT, we believe that this test can be a useful complementary tool to evaluate the outcome of patients chronically infected with HCV.

Conflict of interest
The authors declared that they do not have anything to disclose regarding funding or conflict of interest with respect to this manuscript.

References


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