References


Reply to: “Further evidence of the benefits associated with antiviral treatment in kidney allograft recipients with chronic hepatitis B virus infection”

To the Editor:

We read the interesting results of Sperl et al. [1], reporting the benefits associated with analogues treatment of HBV-infected kidney recipients (KR), which corroborate our previous findings [2]. A significant increase in graft and patient survival was observed in both our studies, by comparison with series where analogues were either not available [3,4] or less potent, with viral resistance concerns [5].

These results are in concordance with the recent updated European guidelines [6] which recommend HBV screening for all patients with end-stage renal disease, candidates to renal transplantation, and analogue as pre-emptive treatment prior to transplantation, to reduce the risks of HBV reactivation, cirrhosis and hepatocellular carcinoma (HCC).

In our study, HCC was responsible for mortality in half of the cases despite an efficient viral suppression in patients with cirrhosis, but with less advanced fibrosis (Metavir F2). This evidence the need of regular ultrasound assessment for HCC early detection, even if a complete viral suppression is fully achieved.

We speculate that in the future, the use of potent oral antivirals, which do not enhance the risk of graft rejection in hepatitis C virus (HCV)-infected kidney transplant recipients, will result in the same benefit, given the harmful impact of HCV infection of the liver (cirrhosis and HCC), but also of the renal allograft (de novo glomerulonephritis), on morbidity and mortality.

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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