53.024
Is there any association between chronic Hepatitis C virus and celiac disease?
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Background: Celiac disease (CD) is an immune-mediated disorder associated with some autoimmune liver diseases, including primary biliary cirrhosis, autoimmune hepatitis and primary sclerosing cholangitis. In addition, there are contradictory reports on association of chronic hepatitis C (HCV) and celiac disease. The aim of this study was to determine the prevalence of untreated celiac disease and Hepatitis C Virus in Iranian pregnant women and assess the outcome of pregnancy compared to non-celiac cases.

Methods: In this cross sectional study, 827 pregnant women were recruited for this study during the period of January 2007- February 2009. The mean age was 26.07 and SD 5.35 and mean pregnancy 5.4 months. Data were obtained through questionnaires distributed during pregnancy. The questionnaire included questions about GI symptoms and infections during pregnancy. They underwent a total IgA test and antihuman IgA class antigluten transglutaminase (tTGA) antibodies for celiac disease and samples also screened for anti-HCV antibodies by Third generation enzyme linked immunosorbent assay.

Results: From 827 pregnant women 27 (3.26%) had a positive serology for tTGA. Only two samples (0.24%) were anti-HCV positive and one of them had positive tTg-IgA. Eleven cases from 827 had IgA deficiency and none of them were positive for IgG-tTG. Out of the 27 diagnosed women, three had low birth weight babies and four had a history of miscarriage.

Conclusion: Routine screening of HCV in CD patients is not recommended, however, the presence of CD should be considered in the setting of clinical deterioration during the pregnancy.


53.025
Prevaling HCV genotypes and subtypes among HIV infected patients in Georgia
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Background: Recent analysis of ART program data in Georgia showed that end-stage liver disease is leading cause of death among HIV/HCV co-infected patients on ART after initiation of ART program in 2005. Therefore, treatment of hepatitis C among HIV infected individuals is essential for sustaining success of ART in Georgia and to improve survival rates of HIV infected patients. HCV treatment response rate and sustained viral suppression after antiviral treatment largely depends on the HCV genotypes along with the influence of HIV co-infection itself. The objective of this retrospective study was to study the prevailing genotypes and subtypes of HCV virus in a cohort of HIV infected patients in order to obtain the preliminary data.

Methods: We analyzed 1490 HIV infected patients co-infected with HCV virus. Among them 59% were HCV co-infected. Measurement of HCV RNA viral load was done by COBAS TagMan HCV-2.0 Test and HCV genotyping by reverse hybridization line probe assay using VERSANT HCV Genotype kit 2.0 respectively.

Results: Detectable HCV RNA was found among 680 patients (91.%), Less than 10 lu/ml was found among among 67 (9%). This numbers indicate low rate of self clearance of the virus among HIV persons. Greater HCV RNA levels were associated with a greater chance to be infected with HCV genotypes 1. Most prevalent genotypes were genotype 1 accounting for (41.6%), followed by genotype 3 (34.7%) and 2 (17.6%), inter genotype recombinants were found among 5.8%.

Conclusion: Study demonstrated high prevalence of HCV infection among HIV-infected patients and reveals 1 as predominant genotype. The differences of prevailing HCV genotypes among general population and HIV co-infected group was probably attributed to the different methods for sample selection used. Another option can be possible influence of diverse transmission networks among HIV infected group. The high number of intergenotype recombinants might be results of continues parenteral exposure to different HCV genotypes during drug injection paraphrenalia. Study highlights and strengthens the need for careful follow-up of HCV/HIV co-infected patients, effective management and therapies against HCV in order to reduce liver related death rates in patients on ART.


53.026
Hepatitis B Virus (HBV) mutations during long-term therapy in chronic hepatitis B patients
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Background: Long-term lamivudine (LAM), adefovir (ADV) and entecavir (ETV) treatment has been found to induce the emergence of drug-resistant hepatitis B virus (HBV) in a significant number of patients with chronic hepatitis B infection. The aim of our study was to evaluate the LAM, ADV and ETV mutations detected in our patient group.

Methods: Fifteen patients diagnosed with chronic hepatitis B were enrolled in this study. The patient group consisted of those who had received two years of treatment with