Conclusions: HCV p7 protein is a trans-regulator. The expression of p7 protein affected the expression spectrum of HCV infected hepatocyte.

OL-054 Treatment with Adacolumn in patients with hepatitis C related who have undergone kidney transplantation: Preliminary study

G. Novelli*, M. Rossi, L. Poli, G. Ferretti, F. Pugliese, V. Morabito, P.B. Berloco. Dipartimento “Paride Stefanini” Chirurgia Generale e Trapianti d’Organo, Italy

Introduction: Patients who have undergone kidney transplantation (TX) and suffer from hepatic C related (HCV) cannot be treated with standard therapy (PEG-IFN combined with ribavirin) due to acute rejection risk. Furthermore, immuno-suppressive therapy facilitates progression and infection and chronic hepatopathesis. Monocytes and macrophages are known to produce extrahepatic breeding sites and spread disease. Our aim was to lower macrophages, granulocytes, monocytes, pro-inflammatory cells and viremia levels using an extracorporeal device:Adacolumn® (Otsuka).

Methods: The Adacolumn filter is filled with 2 mm cellulose acetate beads immersed in sterile saline solution. These carriers absorb granulocytes and monocytes/macrophages through FCR receptors. Six patients were treated in our department. All patients were affected by virale genotype 1b. Inclusion criteria: kidney transplant at under one year and HCV-RNA >800,000 copies. Patients underwent five 1-hour treatments for five consecutive days according to protocol. Kidney and hepatic parameters were evaluated as were changes in immuno-modulation (CD4, CD8) and HCV-RNA base quantities, at end of treatment and at 1 month, 2 month and 3 month follow ups.

Results: During treatment cycles and successive follow ups we observed a stabilization of kidney parameters and a non significant decrease in transaminase levels. At 3rd month follow up we observed a significant decrease in plasma HCV-RNA in 3 patients (p < 0.01) associated with attenuation of inflammatory phase (p < 0.2) and variations in immuno-modulation. Only one patient presented altered CD4+ and CD8+ where positive was observed at 3rd month. In another patient, even though immuno-modulation improved, there was no reduction in viremia.

Conclusions: The treatment was found to be safe without hemodynamic or infective complications. Considering the results this method should be used on a greater number of patients evaluating successive treatment times in case of viremia increase.