rash, hepatitis and can cause clinical challenge with dress syndrome. Herein we present a case of telaprevir induced dress syndrome associated with Salmonella infection causing clinical challenge.

Topic 12: Hepatitis C

No: 1879

Hepatitis C genotypes in Syrian refugee patient in Turkey

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Backgrouns/aims: The prevalence hepatitis C is about 1 % in Syria. Hepatitis C prevalence resemble to Turkey. But hepatitis C genotypes range differ from Turkey. Hepatitis C genotypes divided into six distinct genotypes throughout the world with multiple subtypes. In Turkey genotypes 1a the most prevalent type, nearly 80 %. Gazinatep is southeast of Turkey. In Gazaintep also genotypes 1a the most prevalent type, like Turkey. Gaziantep is near the Syrian border. I investigated that any similarity between two region.
Methods: I investigated hepatitis C genotypes in ten Syrian refugee patients that given hepatitis C treatment. Patients were refugees coming from north path of the Syria. Average age was 48. 2 patient were male, 8 female.

Genotype 4a 6 patient 60 %
Genotype 5a 3 patient 30 %
Genotype 1a 1 patient 10 %

Results: Hepatis c genotypes differ between Turkey's Syrian border province Gaziantep and Syrian refugees. Genotypes 4 the most prevalent type in syrian refugees, genotype 5 very rare in Turkey but abundant in North Syria refugees But in Turkey genotype 1a most prevalent.
Conclusion: Gaziantep and North Syria is near places. Borders play an important role variation of hepatitis C genotypes and virus spreading.

Topic 12: Hepatitis C

No: 1617

Impact of support with erythropoietin and granulocyte colony stimulating factor on outcome of antiviral therapy in treatment naïve chronic hepatitis C patients from northern India

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Background: Cytopenias during therapy with pegylated interferon (Peg-IFN) and ribavirin (RBV) in patients with chronic hepatitis C (CHC) are managed with dose reduction or withdrawal of therapy, which reduces sustained virologic response (SVR) rates. Support with erythropoietin (EPO) and granulocyte colony stimulating factor (GCSF) may allow completion of therapy without dose modification.
Methods: We have compared SVR at 12 weeks after end-of therapy in patients developing cytopenias (Hb < 8 gm/dl, TLC < 2000/mm3, platelets < 30,000/mm3) on Peg-IFN α-2a (180 μg/week) or α-2b (1.5 μg/kg/week)and RBV (800–1200 mg/day), managed by dose modification before 2012 (Group 1), with patients supported with EPO (4000-20,000 iu/week) and/or G-CSF (30-60 iu/week) after 2012 (Group 2).

Results: Groups 1 and 2 comprised of 246 (217 genotype 3, 29 genotype 1) and 51 (43 genotype 3, 8 genotype 1) patients respectively. Cirrhosis was more frequent in group 2 (35 % vs 24 %, $P = 0.04$). Genotype distribution was similar (genotype 1, 12 % vs 16 %, P = ns). SVR rate in group 2 was higher (73 % vs 55 %, $P = 0.01$), inspite of a higher proportion of cirrhotics. It was also higher in group 2 among all genotype 3 patients (74 % vs 58 %, $P = 0.01$), and among genotype 3 patients with cirrhosis (69 % vs 35 %, $P < 0.01$), but not among genotype 3 patients without cirrhosis (76 % vs 63 %, $P = 0.07$).
Conclusions: Using hemopoeitic factors in cytopenic patients on treatment with Peg-IFN + RBV avoided dose reduction and increased SVR rates. This benefit was noted mainly in genotype 3 patients, particularly in those with cirrhosis. Larger studies are required.

Topic 12: Hepatitis C

No: 1987

Development of hepatocellular carcinoma despite successful antiviral treatment in hepatitis C related liver cirrhosis case report

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Untreated chronic hepatitis C, can lead to serious complications such as cirrhosis, hepatocellular carcinoma (HCC). We present a HCC case which developed in a patient who was under HCV treatment and had rapid viral response.
Case:
Sixty-one year old male patient was admitted to our clinic with chronic hepatitis C recurrence (genotype 1). In the liver biopsy, HAI score was 5/18 and fibrosis score was 5/6. Alpha-fetoprotein (AFP) level was 20 ng/mL. Magnetic resonance imaging (MRI) was performed, imaging of the liver was unremarkable except mild lobulation. Triple therapy was started with pegylated interferon alfa-2a 180mcg once a week, ribavirin 200 mg 2x3 and telaprevir 375 mg 3x2. On the 4th and 12th weeks of treatment, HCV-RNA was negative. Telaprevir was stopped after 12 weeks of treatment. At week 24 the patient suddenly developed abdominal distension and jaundice. Paracentesis showed hemorrhagic ascites. AFP level was 3000 ng/mL. With the suspicion of HCC abdominal MRI was ordered, which confirmed the diagnosis. All the antiviral therapy was stopped. Unfortunately, the patient died in a few weeks' time.

The patient's decompensation considered to be caused by the HCC. HCC developed although HCV RNA was rapidly negative. Did the natural history of the disease continue after a process, even if the disease agent was removed or did HCC spread from a focus that could not be undetected on pretreatment imaging? This issue has not become clear.

We concluded that cirrhotic patients should be more frequently monitored than routine imaging while they are on antiviral treatment.

Topic 12: Hepatitis C

No: 1722

Six year distribution pattern of hepatitis C virus in Turkey a multicenter study

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Hepatitis C virus (HCV) genotypes have different clinical outcome, and response to antivirals. The changing pattern of HCV infection could have a significant impact on future medical prevention practices and therapies. The aim of this study was to find out the frequency distribution and changing pattern of HCV genotypes overtime in Turkey.

During the 2009–2014 period, 5478 serum samples from HCV RNA positive patients were collected from eight hospitals located in different provinces of Turkey. of the samples 2250 were collected from Acibadem University Hospital, Istanbul; 1550 were EU Hospital, Kayseri; 480 were MU Hospital, Mersin; 359 were BU University Hospital, Zonguldak; 308 were IKC University Hospital, Izmir; 291 were NE University Hospital, Konya; 192 were Atatürk TR Hospital, Ankara, and 48 were YY University Hospital, Van. Detection of HCV RNA and genotyping were performed by different commercial molecular kits and systems.

During six year period Genotype 1 was the most common genotype(62 %) followed by nontypeable genotype 1 (9.7 %), genotype 4 (8.9 %), genotype 3 (6.8 %). The rates of genotype 1 were 65.9 %, 66.6 %, 64.1 %, 63.3 %, 60.6 %, 57.8 % in 2009, 2010, 2011, 2012, 2013, 2014, respectively. The second most prevalent genotype was nontypeable genotype 1 in 2009-2011, and 2013. In 2012 genotype 3 was the second most common genotype (9.3 %) whereas in 2014 genotype 4 (11.3 %).

In conclusion, in recent year genotype 3 and genotype 4 have gained importance. The modification of the HCV genotype pattern may require new therapeutic strategies and survey studies in the future.

Topic 12: Hepatitis C

No: 2150

Splenic embolization may be an option to overcome thrombocytopenia interfering with triple therapy in HCV (+) cirrhotic patients a case report

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Treatment of hepatitis C sometimes may be challenging due to thrombocytopenia. Here we present a case of HCV (+) cirrhotic patient whom splenic embolization was successfully performed in order to overcome thrombocytopenia associated with triple therapy.

47 years of women was being followed in our clinic due to HCV cirrhosis for 6 years. She was given PEG-IFN+ ribavirin treatment for 48 weeks 6 years ago and relapsed. After the registration of protease inhibitor based triple therapy regimens in genotype 1b HCV patients, such treatment was planned. Laboratory investigations were consistent with Child Stage A cirrhosis. Abdominal ultrasound showed the presence of cirrhosis and splenomegaly. HCV RNA was 756000 copy/ml. Pretreatment hematologic parameters were as follows; Hb: 11,8 g/dL, WBC: 4600/μL, Platelet count: 64000/μL. Treatment was started with Peg IFN α-2a 135 mcg/week, ribavirin 800 mg/day and telaprevir 3x750 mg/day. Platelet count dropped to 42000/μL and than 14000/μL in two weeks. PEG-IFN dose was progressively reduced to 67,5 mcg/week. To overcome thrombocytopenia, splenic embolization was performed. Platelet count increased to 45000/μL in 1 week, PEG-IFN dose was increased to 135 mcg/week and platelet count remained around 60.000/μL throughout the rest of the treatment. She is on the 46th week of the treatment and HCV RNA was still negative in the 36th week.

Thrombocytopenia complicating HCV treatment frequently necessitates PEG-IFN dose reduction interfering with SVR rates. Treatment of severe thrombocytopenia with splenic embolisation may be an effective minimally invasive option in HCV (+) cirrhotic patients to whom PEG-IFN based treatment regimens are given.

Topic 12: Hepatitis C

No: 2125

The relationship between tumor necrosis factor alfa level and hepatic activity index in patients with chronic hepatitis C

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Objective: Hepatitis C virus (HCV) infection is a health problem all over the world. It is a major reason of cirrhosis and hepatocellular carcinoma. HCV is not a direct cytopathic virus, and liver damage is associated with immune-mediated mechanisms. TNF alpha released from macrophages and hepatocytes that stimulate inflammatory response is important in the first response defense to hepatitis C. In this study, we aimed to examine the relationship between liver Hepatic Activity Index (HAI) and Tumor Necrosis Factor Alfa (TNF alfa) levels in patients with chronic hepatitis C, and to determine whether there is a significant correlation.

Materials and methods: Thirty five chronic HCV patients, who were monitored by Infection Diseases and Clinic Microbiology Clinic, were taken into the study. Liver Biopsy samples were examined by the same pathologist and necroinflammatory activity was evaluated according to Knodell's classification. As the control group, 35 healthy volunteers without HCV infections were selected. TNF alfa was measured by ELISA method, for the serums acquired from bloods of patients and controls.

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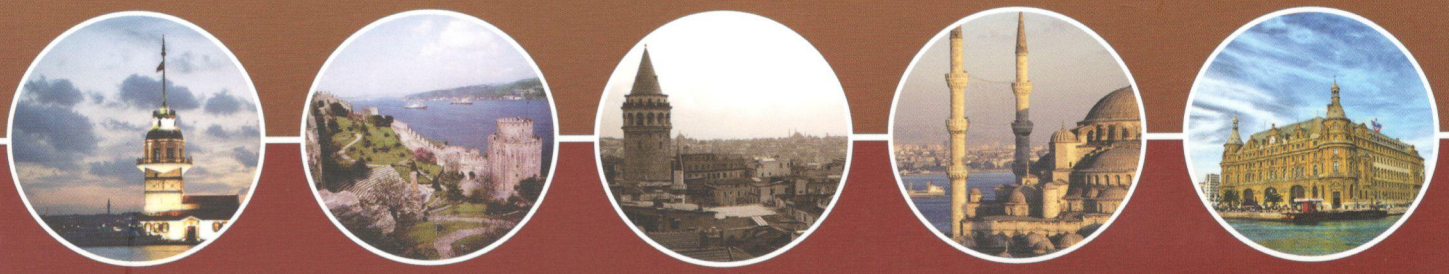

Supporting Associations

Turkish Association of Gastroenterology

Turkish Association for the Study of the Liver

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Euroasian Gastroenterological Association

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