Hepatitis C: reviewing the options

Tom Wong and Samuel Lee mention some extrahaepatic manifestations of infection with hepatitis C virus (HCV), but they do not discuss the urticarias. Internists and primary care physicians need to be aware that several forms of urticaria can be associated with asymptomatic HCV infection.

The link between HCV and urticaria is controversial, because various studies have failed to differentiate between acute urticaria, chronic urticaria and urticarial vasculitis, all of which have been proposed as being associated with HCV infection. The estimated prevalence of urticaria varies from 1.8% to 24%, and one case-control study disputed the association altogether.

The association with other hepatitis viruses is more certain. For example, electron microscopy was used to identify hepatitis B surface antigen-antibody complexes in cryoprecipitates taken from patients during the acute urticarial episode.

Immune-complex deposits of viral hepatitis can activate the complement system, which results in a serum-sickness-like syndrome, with arthritis, exacerbating headache and urticaria (known as Caroli’s triad). Urticaria resolves on treatment with interferon, and more benefit is seen when urticarial vasculitis is associated with essential cryoglobulinemia.

HCV testing should not be a routine screening test for all urticarias, but it is good clinical practice to consider viral marker studies in a patient with urticaria who presents with icterus or elevated transaminase levels (or both). The awareness that urticaria or urticarial vasculitis may be caused by hepatitis C is important, as early antiviral treatment can reduce significant morbidity and mortality.

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[The authors respond:]

We agree with Drs. Khan and Sewell.

Dr. Khan raises several important issues about the treatment of patients with HCV genotypes 2 and 3, but we stand by our general conclusions. First, the largest randomized study of 24 versus 48 weeks of peginterferon and ribavirin treatment showed similar sustained virological response (SVR) rates for genotype 2/3 patients regardless of baseline viral load and histological stage. Although not all studies find the same result, in practical terms whether or not one knows the degree of fibrosis or viral load generally does not affect the decision whether to treat or not. In other words, because of the high expected SVR, even in the cirrhotic genotype 2/3 patient with high viral load, we would still proceed to treatment.

Dr. Pijak’s point about potentially shorter courses of treatment (12-16 wk) in genotype 2/3 patients with a rapid virological response (RVR), defined as undetectable HCV-RNA at week 4 is well taken. However, despite promising results from studies with relatively small sample sizes, we believe it is still premature to adopt this strategy, even in patients with RVR. Our contention is based on the results of the large multicentre ACCELERATE study recently presented at the European Association for Study of Liver annual meeting. This study randomized 1469 genotype 2/3 patients to 16 or 24 weeks of treatment. The 16-week treatment group showed a significantly lower SVR rate compared to the 24-wk group (intention-to-treat analysis, 62% vs. 70%; p = 0.004).

We agree that there are probably subgroups of highly-responsive patients with both genotypes 2/3 and 1 who may benefit from shorter courses of treatment, but feel that such groups have yet to be definitively identified.

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Corrections

In the unabridged version of a research article on planned cesarean versus planned vaginal births,1 there was an error in Table 3. The data should be presented as mean (SD) [median], not midpoint as indicated.

REFERENCE


In this same article, the following sentence should have been the first one in the contributors statement for “The first two authors (Suh JW & Koo BK) equally contributed to this work.”

REFERENCE

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The DOI published with a recent research article1 was mistakenly listed as 10.1503/cmaj.060044. It should have been 10.1503/cmaj.060664.

In this same article, the following sentence should have been the first one in the contributors statement for “The first two authors (Suh JW & Koo BK) equally contributed to this work.”