A patient with acute hepatitis C and possible IFN toxicity

Sir,

Data from small studies have shown that early treatment of acute hepatitis C is beneficial in terms of HCV-RNA clearance and ALT normalisation [1]. At present, this issue is still controversial, although Jaeckel et al. [2] have shown that patients with acute hepatitis C treated with 5 MU of IFN, at the end of both therapy and follow-up, had normal ALT levels and undetectable HCV-RNA. Hoofnagle [3] has warned against indiscriminate treatment, recalling that among untreated patients with community-acquired acute hepatitis C, the likelihood of becoming chronically infected is around 50% or less. His attitude is backed up by a recent report [4] showing that 24 out of 50 patients (47%) left untreated at presentation spontaneously cleared HCV-RNA, while 32 and 21% remained always or intermittently HCV-RNA-positive. In this study, symptomatic hepatitis, high bilirubin and female sex were predictive of spontaneous clearance.

In July 2002, a 57-year-old female with no relevant illness or history of drugs was referred to our unit because of acute hepatitis. She had undergone minor orthopaedic surgery 20 days before the onset of malaise. Her blood profile was: ALT 736 IU/l, bilirubin level 233 mmol/l, ALP 316 UI/l; anti-HCV (EIA3) weakly positive, HCV-RNA 74.130 IU/ml of copies (Amplicor™, Roche, sensitivity limit <600 IU/ml), HCV genotype 1b (LiPA); HBsAg, anti-HBc/IgM, HBV-DNA-negative; IgM anti-HAV, EBV, CMV, HSV-negative. Non-organ-specific autoantibodies were negative. Asthenia and itching persisted. Standard IFNα_{2b} was started at a dose of 6 MU daily, and reduced to 3 MU daily after 4 weeks. Flu-like symptoms required paracetamol (1.5 g/day) for the first 2 weeks only. HCV-RNA became negative after the first 4 weeks of treatment; although symptoms receeded, ALT did not entirely normalise (Fig. 1). Between the first and third months of therapy, ALT increased further to 173 IU/l. At this time, IFN toxicity was considered likely and the drug was stopped. ALT fell to normal within 2 weeks. The patient is still asymptomatic with a negative HCV-RNA and normal ALT at monthly checks.

IFN toxicity is a recognised phenomenon in oncological patients [5]. While a clear-cut relationship between elevated ALT with a negative HCV-RNA and exposure to IFN is evident in our case, it is tempting to speculate that IFN toxicity may sometimes also occur in the more common context of chronic hepatitis C treatment. In fact, although spontaneous viral clearance has been documented for 30–50% of patients with acute symptomatic hepatitis C, the rate of chronic evolution for symptomatic untreated

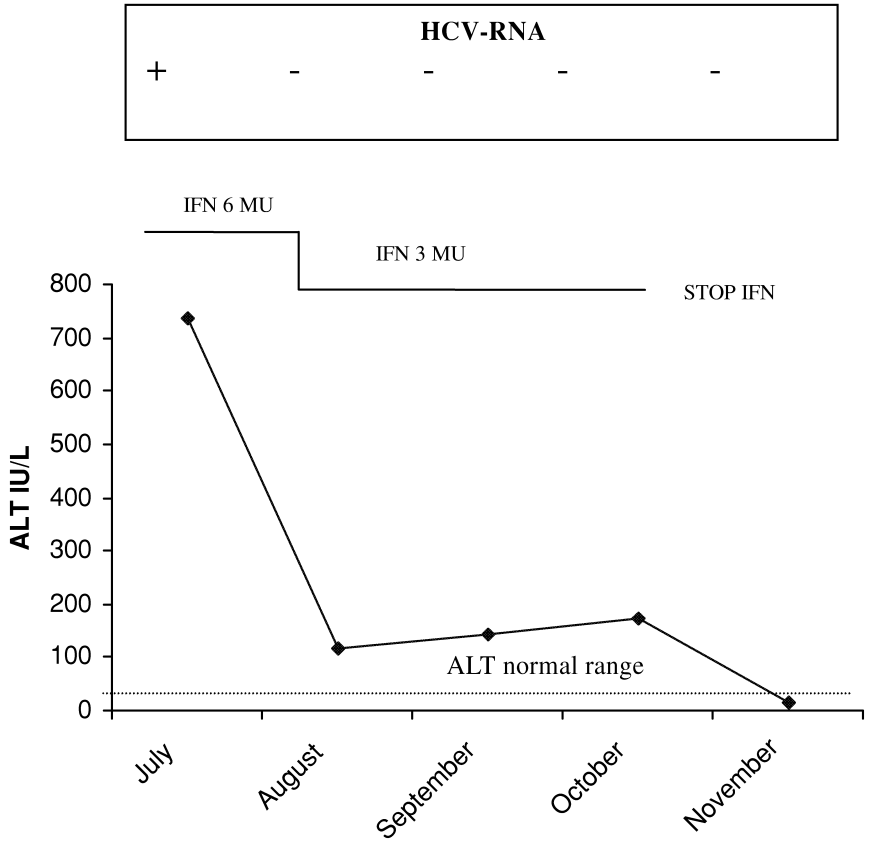

Fig. 1. Clinical course of the patient.

patients is 50%. Furthermore, available data suggest that delaying IFN therapy by at least 2–3 months does not compromise the probability of a positive response to IFN therapy [6].

Therefore, taking into account our clinical experience, we invite physicians to evaluate, on an individual basis (mode of acquisition, symptoms, age, sex), which patient with acute hepatitis C needs to be treated early, and although rare, to consider the possibility of IFN toxicity.

Conflict of interest statement

None declared.

References

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