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ELEVENTH ANNUAL MEETING

The Clinical Outcome of Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) Coinfection After Autologous Stem Cell Transplantation in Egyptian Patients With Multiple Myeloma and Lymphoma

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INTRODUCTION

Infection with the hepatitis virus is a serious public health issue, causing substantial morbidity and mortality globally. Post-transplantation liver complications are widely known in allogeneic transplant recipients. However, no consensus has yet been established about the real benefit of autologous stem cell transplantation (ASCT) in patients positive for HBV or HCV, and data on patients with HBV and HCV coinfection following ASCT are relatively scarce.

AIM

To evaluate the impact of viral hepatitis (HBV and HCV) on the outcome of ASCT.

METHOD

A retrospective review of outpatient follow-up records. The outpatient clinics of the Nasser Institute for Research and Treatment and the El Sheikh Zayed Specialized Hospital, Egypt. 200 patients with hematologic malignancies (lymphoma and multiple myeloma) who received ASCT. All patients had chronic HBV infection markers (core antibody, surface antigen) and HCV markers (antibody) tested prior to transplantation. Disease-free survival (DFS) and overall survival (OS).

RESULTS

The mean (standard deviation) age of studied patients was 44.5 (±12.5) years; 154 patients were men, and 46 were women. Two patients (1%) were HBV positive, 8 patients (4%) had HBV and HCV coinfection, 92 patients(46%) were HCV positive, and 98 patients (49%) were negative for HBV and HCV. Comparison between HCV/HBV–negative and coinfected HBV/HCV patients showed significant differences regarding pretransplant alanine aminotransferase (ALT; P=0.01), pretransplant aspartate aminotransferase (AST; P<0.001), and post-transplant maximum serum bilirubin level (P=0.041). The 5-year DFS rates were 55.6% for coinfected patients vs 65.9% for HBV/HCV–negative patients(P=0.893). The 5-year OS rates were 100% for coinfected patients vs 95.3% for HBV/HCV–negative patients (P=0.707). At the end of the study, 194 patients were alive.

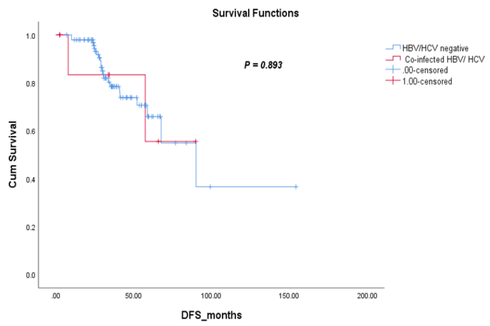


Fig. 1: DFS for coinfected vs HBV/HCV–negative patients(P=0.893)

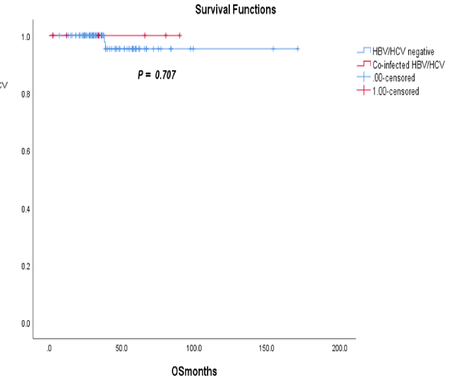


Fig. 2: OS for coinfected vs HBV/HCV–negative patients (P=0.707)

CONCLUSIONS

ASCT is a feasible option for patients with HBV and HCV coinfection, and the complication rates are acceptable. Pretransplant surveillance of HBV and HCV is recommended

REFERENCES

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