

# Treatment After Liver Biopsy in Patients with Hepatitis C Virus (HCV) and HIV Co-infection

Kavitha Gopal, Pauline Suwandhi, Arkady Broder, Henry C. Bodenheimer, Albert D. Min

Department of Digestive Diseases, Beth Israel Medical Center, New York, NY

## Background

Antiretroviral therapy (ART) for HIV infection has decreased HIV-related mortality. However, due to accelerated progression of liver fibrosis and decompensation in HCV / HIV co-infected patients, the incidence of liver-related mortality has risen significantly. The aim of our study was to evaluate the number of liver biopsies in HCV/HIV co-infected patients and the influence on treatment decision.

## Methods

We reviewed charts of patients with HCV/ HIV co-infection who had a liver biopsy from 1/1998 to 10/2007, who have been followed at our medical center.

## Results

- Among the 238 patients with HCV / HIV co-infection seen during this study period, 152 (64%) had liver biopsy.
- Patients were predominantly male (116; 77%), and mean age at biopsy was 47.8 years (range 31-66).
- Majority of the patients were infected with genotype 1 (123; 81%).

## Results

- History of intravenous drug use and heavy alcohol consumption were documented in 104 (68%) and 32 (21%) patients, respectively.
- Fifty-three (35%), 82 (54%) and 13 (9%) patients had stage 0-1, 2-3, and 4 fibrosis, respectively. Stage was indeterminate in 3 (2%) patients. The number of liver biopsies and the rate of subsequent HCV treatment are shown in the figures 1 and 2.
- Fifty-seven of 152 (38%) patients were started on HCV treatment. Common reasons for not starting treatment after liver biopsy were patients lost to follow up in 26 (27%), minimal liver disease on biopsy in 20 (21%) and patients refusal in 17 (18%).

Figure 1. Liver Biopsy in Patients with HIV/HCV Co-infection

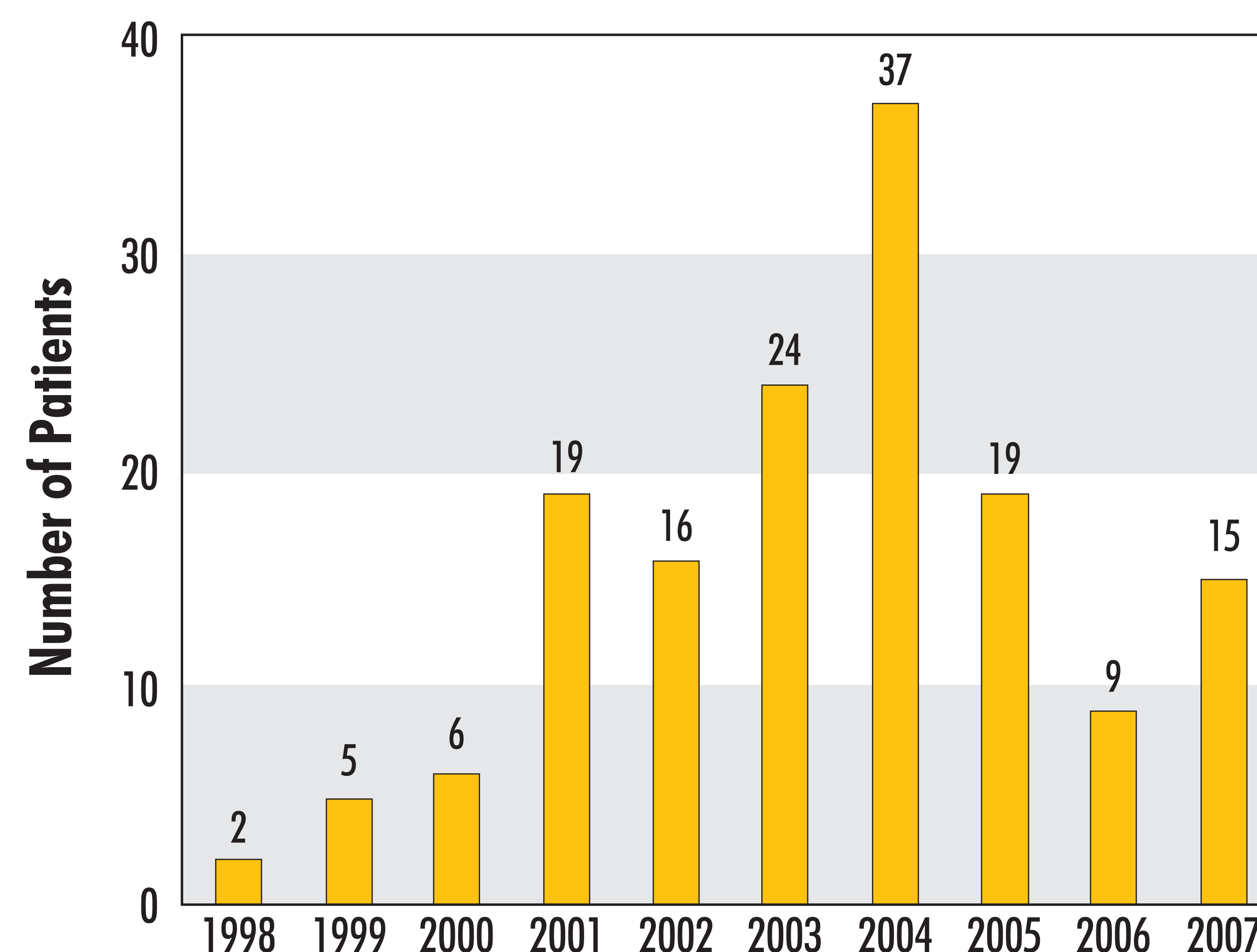
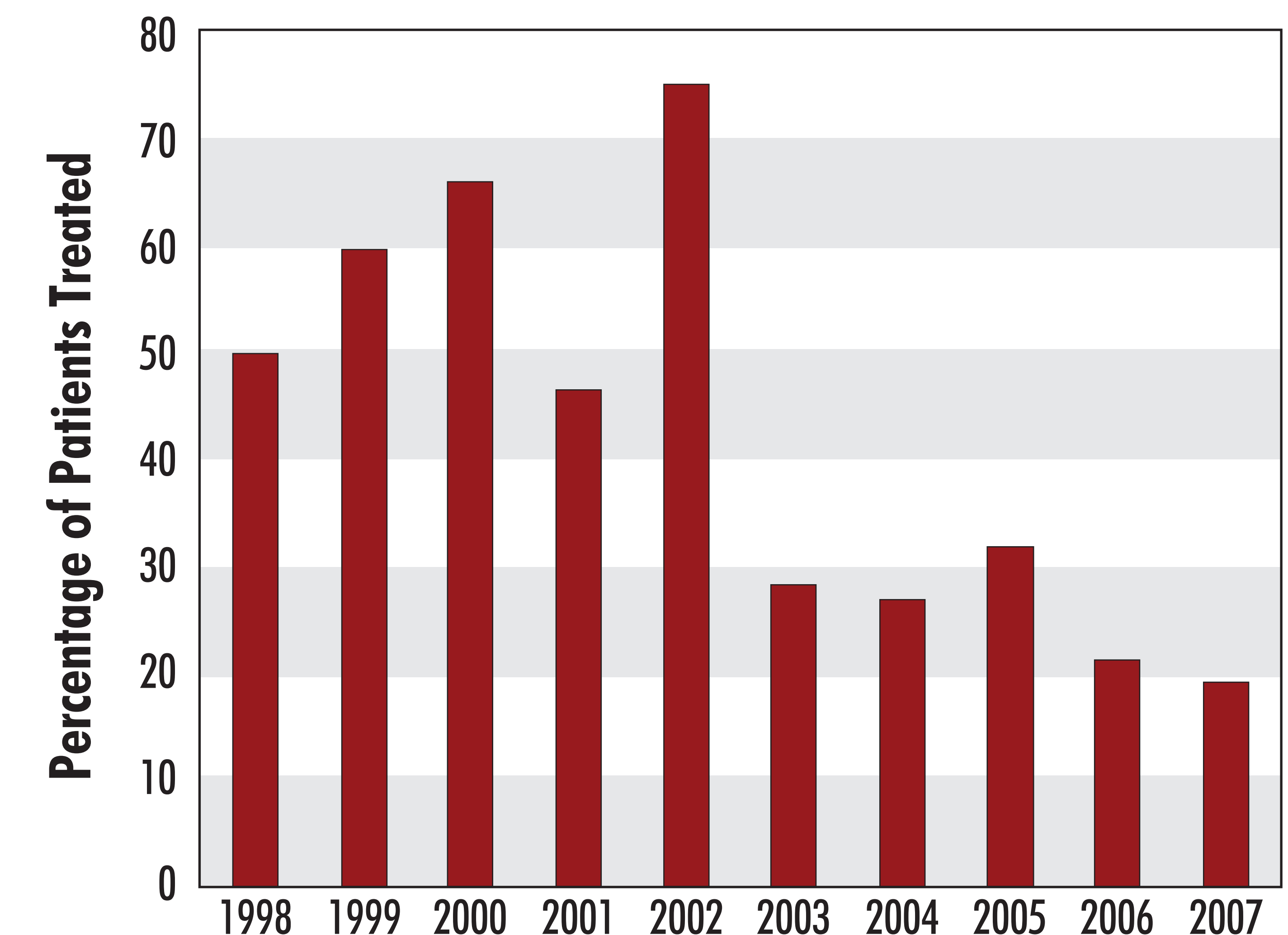


Figure 2. Percentage of Patients treated after Liver Biopsy



## Conclusions

- The number of co-infected patients evaluated for treatment with a liver biopsy has decreased over past few years possibly due to a low threshold to start treatment in the co-infected patient.
- Low post biopsy treatment rates with 21% of patients showing favorable histology, suggests that liver biopsy remains a useful tool in directing management in selected HIV / HCV co-infected patients.