SHORT COMMUNICATION

Dealing of chronic hepatitis c infection with kidney transplant patient

Nazish Aqbal*

Aqbal N. Dealing of chronic hepatitis c infection with kidney transplant patient. J Kidney Treat Diagn 2021;4(4):0-1.

Chronic hepatitis C (HCV) infection is a crucial explanation for morbidity and mortality in patients with end-stage renal disease. Renal transplantation confers a survival advantage in HCV-infected patients. Patients who cannot achieve SVR and haven't any live kidney donor could also be considered for HCV-positive kidneys. Interferon should be avoided after kidney transplant apart from treatment of life-threatening liver injury, like fibrosing cholestatic hepatitis. Early detection, prevention, and treatment of complications due to chronic HCV infection may improve the outcomes of kidney transplant recipients with chronic HCV infection.

Key Words: *Hepatitis; End-stage renal disease; HCV infection; Renal transplantation*

DESCRIPTION

Renal transplantation confers significant survival advantage in HCV-infected patients with end-stage renal disease. HCV is additionally related to extrahepatic complications: de novo or recurrent glomerulopathy, cryoglobulinemic vasculitis, chronic allograft nephropathy, post-transplant DM, and sepsis, all of which account for the reduced graft and patient survival. HCV-positive patients also had a better risk of graft loss, the foremost frequent causes of which were glomerulonephritis, chronic renal allograft nephropathy, and death.

All patients undergoing a renal transplant evaluation should be screened for chronic HCV infection with a 3rd generation anti-HCV enzyme-linked immunoassay. If this is often positive, confirmation of active infection with a sensitive quantitative assay for HCV RNA should be performed. the speed of false negative results is sort of low with a 3rd generation immunoassay in patients on hemodialysis.

It is generally accepted that HCV-positive patients being evaluated for kidney transplantation should undergo a liver biopsy to assess for the presence of advanced fibrosis, unless there's clear radiological or clinical evidence of malignant hypertension or cirrhosis. Percutaneous live biopsy may be a safe procedure when performed by experienced operators; however, patients with cirrhosis and other bleeding diatheses can often have an increased risk of hemorrhage requiring hospitalization. A retrospective analysis compared the security of percutaneous liver biopsy in chronic HCV patients with and without ESRD. Chronic HCV infection results in significant long-term morbidity and mortality in kidney transplant recipients. The treatment of HCV with interferon after transplantation should be avoided due to an increased risk of rejection. HCV has been related to DM in both pre- and post-transplant patients. The incidence and prevalence of latest onset diabetes after transplantation are variable due to the various definitions used, the organ transplanted, and therefore the duration of followup. Early diagnosis and appropriate treatment new onset diabetes after transplantation are important.

CONCLUSION

Chronic HCV infection is an important cause of morbidity and mortality in patients with ESRD. Kidney transplantation confers a survival advantage in HCV-infected patients. Renal transplant candidates with serologic evidence of HCV infection should undergo a liver biopsy to assess for fibrosis and cirrhosis. Patients who cannot achieve SVR and have no live donor may be considered for HCV-positive kidneys. Interferon should be avoided after kidney transplant except for treatment of life-threatening liver injury, such as fibrosing cholestatic hepatitis. Early detection, prevention, and treatment of complications due to chronic HCV infection can improve the outcomes of HCV-positive kidney transplant recipients.

REFERENCES

1. Martin P, Fabrizi F. Hepatitis C virus and kidney disease. Journal of Hepatology. 2008; 49:613-624
2. Fishman JA, Rubin RH, Koziel MJ, et al. Hepatitis C virus and organ transplantation. Transplantation. 1996; 62:147-154.
3. Fabrizi F, Poordad F, Martin P. Hepatitis C infection and the patient with end-stage renal disease. Hepatology. 2002; 36: 3-10.
4. Kamar N, Rostaing L, Selves J, et al. Natural history of hepatitis C virus-related liver fibrosis after renal transplantation. American Journal of Transplantation. 2005; 5:1704-1712

Department of Nephrology, National University of Sciences and Technology, Islamabad, Pakistan

Correspondence: *Nazish Aqbal, Department of Nephrology, National University of Sciences and Technology, Islamabad, Pakistan, E-mail: nazishidrees@gmail.com*
Received: *July 05, 2021,* **Accepted:** *July 19, 2021,* **Published:** *July 26, 2021*