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Editorial

100% Sustained Viral Response with Combination of Direct Acting Antiviral Therapy in Patient on Long Term Hemodialysis

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HCV is highly prevalent among patients on long term hemodialysis and is associated with poor prognosis; recently the emergence of combination of DAA has shown strong safety, efficacy and tolerability in treatment of HCV infection in hemodialysis patients.

The objective of this report is to describe our experience using combination of sofosbuvir, ledipasvir and daclatasvir in patients on long term hemodialysis in Algeria.

We treated fourteen patients on long term hemodialysis one of them was in decompensate cirrhosis with refractory ascites, two experienced patients (INTpeg + Ribaverin), nine patients were treated with the combination of (Sofosbuvir 200 mg + Ledipasvir 90 mg), five patients were treated with the combination (Sofosbuvir 200 mg + Daclatasvir 60 mg).

HCV ARN quantitative PCR was monitored at the end and 12 weeks after stopping treatment.

The study cohort included seven males and seven females, mean of age (46 ± 16), median number of copies 937303, 71 UI, median number of hemodialysis years 10 years. One patient had decompensate cirrhosis (refractory ascites) with co-infection HVB, two experienced patients, all patients had genotype G1.

Nine patients received Sofosbuvir daily and Ledipasvir after each hemodialysis session (tree tablets/week). Five patients were treated with sofosbuvir and daclatasvir daily, only three patients were treated for 24 weeks (cirrhotic and experienced patients), the other were treated for 12 weeks. SVR was achieved in 100% of patients, none patient discontinued treatment for adverse effects. Hemodialysis patients with HCV infection very rarely receive antiviral therapy, the combination of Sofosbuvir/Ledipasvir/Daclatasvir is highly effectives and well tolerated, this combination may be recommended especially in countries where other drugs are not available.