

Outcomes of Chronic Hepatitis C in A Primary Care Setting

Khitam A AlOdhaibi MD, Abdullah Alkhenizan MD , Patricia McWalter MD

King Faisal Specialist Hospital & Research Center, Department of Family Medicine

Riyadh, Saudi Arabia

Corresponding and presenting author:

Dr. Khitam AlOdhaibi
Family Medicine Senior Resident
King Faisal Specialist Hospital and Research Center
MBC 62, PO Box 3354, Riyadh 11211, Saudi Arabia
Tel: 966-1-4647272 Ext. 45565
Fax: 966-1- 4423055
E-mail: kalodhaibi@kfshrc.edu.sa

Co- author:
Dr. Abdullah Alkhenizan
Consultant, Family Medicine
King Faisal Specialist Hospital and Research Center
MBC 62, PO Box 3354, Riyadh 11211, Saudi Arabia
Tel: 966-1-4647272 Ext. 31868
Fax: 966-1- 4423055
E-mail: akhenizan@kfshrc.edu.sa

Co- author:
Dr. Patricia McWalter
Consultant, Family Medicine
King Faisal Specialist Hospital and Research Center
MBC 62, PO Box 3354, Riyadh 11211, Saudi Arabia
Tel: 966-1-4647272 Ext. 31913
Fax: 966-1- 4423055
E-mail: pmcwalter@kfshrc.edu.sa

ABSTRACT:

Background:

Hepatitis C virus (HCV) infection is a global health problem with variable prevalence in different countries. Long term infection of HCV is associated with increased risk of developing hepatocellular carcinoma (HCC), decompensated liver, cirrhosis and liver related death. This the first study in Saudi Arabia to evaluate the long-term complications of Hepatitis C in a primary care setting.

Materials and methods:

Data was collected retrospectively from the medical records for all patients who were diagnosed with hepatitis C and were seen in the department of Family Medicine at KFSH&RC from January 2002 to March 2017.We collected data related to the liver function and pathology including HCV PCR, hepatitis detection and Quantitation, liver function test, liver ultrasound results, liver biopsy results and rates of HCC, cirrhosis and mortality.

Results:

We collected data from162 patients diagnosed with hepatitis C. The mean age of population in our study was 65.4 years old with 45.1% male and 54.9 %female. The majority of included patients were Saudi (88. 3%).The predominant genotype was 4 (36.1%) followed by genotype 1 (12.2%). Elevated liver enzymes were found in (78.4%) of the included patients. Different liver complications were developed in (80%) of patients, among those (32.7%) developed liver cirrhosis and (16.7%) developed HCC, while (17%) patients died because of advanced liver disease and HCC. Regression analysis showed that patients who had high AFP (>7ug/l) are at 41.6 times risk of developing HCC than patients with a lower level. The rate of cryoglobulinemia was (7.4%). On the other hand, no patient was documented to have B-cell NHL. Among the included patients, (34.6%) who had initially high viral load followed by undetectable virus, 53% of them were on anti-hepatitis C medication. Of those treated patients 60% were cured with new class treatment regimens including Harvoni ,Sovira and Viekerax.

Conclusion:

Our study showed that significant number of patients with chronic hepatitis C (CHC) progress to liver cirrhosis and its complications and HCC. Large number of patients with CHC reached sustained virologic response after antiviral therapy. Liver related mortality was more common in CHC patients with advanced HCC.