Letters to the Editor

Hepatitis with a multiple etiology in HIV-positive men who have sexual relations with other men


Dear Editor,

Acute hepatitis C virus (HCV) is now a major health problem, mainly in men who have sexual relations with other men (MSM) (1,2). Hepatitis E virus (HEV) causes sporadic cases of acute hepatitis (3,4). In this article, we describe two cases of acute hepatitis due to HCV with an interesting clinical progress.

Case reports

Case report 1. Patient 1 was a 50 year old MSM with a HIV infection undergoing antiretroviral treatment (ART) with a chronic infection of the genotype 4 HCV (viral load 11,600,000 IU/mL and AST/ALT was 135/166 UI/mL). The patient was treated with sofosbuvir/ledipasvir + ribavirin for 12 weeks. HCV load was undetectable and transaminase levels were within normal limits after treatment. A large increase in HCV viral load (20,600,000 IU/mL) and AST/ALT of 317/404 UI/mL was observed 12 weeks after treatment and syphilis was diagnosed at the same time. HCV was subsequently genotyped as 1a and no resistance-associated variants were detected in NS5A, NS3 or partial NS5B5 (4) and Sanger sequencing ruled out a mixed infection.

Case report 2. Patient 2 was a 49 year old MSM with a HIV infection undergoing ART and tested negative for the HCV antibody. He presented with asthenia, AST/ALT at 186/347 IU/L, an anti-HCV+ limit and a HCV viral load of 5,830,000 IU/mL. After 4 weeks, the AST/ALT was 746/1462 IU/L, the 1a genotype was identified and a positive IgM against HEV was detected. The patient was diagnosed with simultaneous acute HCV and HEV infection, although the serum HEV-RNA PCR result was negative.

Reinfection by the same or different genotypes after the first HCV infection has recently been reported (5), mainly in at-risk cohorts. Simultaneous diagnosis of syphilis and variations in the genotype in patient 1 confirmed a new acute acquired infection due to unprotected sexual practices during or immediately after treatment for chronic hepatitis.

Patient 2 developed an acute coinfection of HCV and HEV. Even though the result of the HEV-RNA PCR was negative, the diagnosis can be assumed as HEV viremia is transient. On the other hand, positive anti-HEV IgM is detectable for 4-5 months and is the most reliable indicator of acute infection.

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References


