Antibodies to Hepatitis C Virus in Patients on Haemodialysis

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Dear Sir,

Non-A, Non-B hepatitis is a common and serious consequence of blood transfusion. It has been associated with chronicity in at least half the patients with acute hepatitis and 20% of those with chronic hepatitis have histologic evidence of cirrhosis [1]. Recently a togavirus-like agent has been isolated and identified as the major etiologic virus of human non-A, non-B hepatitis [2]; this virus has been named hepatitis C (HCV); both radioimmunoassay and enzyme-linked assays have been developed to detect circulating antibodies to hepatitis C virus (anti-HCV) [3].

We have studied the prevalence of anti-HCV in a population of 30 patients on chronic haemodialysis using an enzyme immunoassay; the results (table 1) have been correlated with age, time on haemodialysis, number of transfusions/patient and serum levels of aspartate aminotransferase (AST), alanine aminotransferase (ALT) and γ-glutamyltransferase. Eight patients (27%) were anti-HCV-positive; in this group the time on haemodialysis, the number of transfusions/patient, and AST/ALT levels were significantly higher than in the negative group.

Our results are in agreement with the previously reported high prevalence of anti-HVC in Spanish patients on haemodialysis [4] in contrast with a low prevalence in the UK [5] and the FRG [6]; they also confirm the importance of blood transfusion in the transmission. The higher levels of AST and mainly ALT confirm the tendency to the chronicity of hepatitis C previously reported [1]. It is necessary to discuss if all blood donors must be screened for anti-HCV and if special precautions on haemodialysis are necessary with the anti-HCV positive patients.

Table 1. Differences between anti-HCV-positive and anti-HCV-negative patients

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<tr>
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<th>anti-HCV-positive</th>
<th>anti-HCV-negative</th>
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<tbody>
<tr>
<td>Time on HD</td>
<td>Higher</td>
<td>Lower</td>
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<tr>
<td>Transfusions/patient</td>
<td>Higher</td>
<td>Lower</td>
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<td>AST/ALT levels</td>
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References
