Antibodies to Hepatitis C Virus in Patients on Haemodialysis

M.C.		Alonso
D.		Novoa
R.		Romero
V.		Arcocha
D.		Sanchez-Guisande

Servicio de Nefrologia, Hospital Clinico-Universitario, Santiago de Compostela, España

Dr. M.C. Alonso, Servicio de Nefrologia, Hospital Clinico Universitario, C/Galeras S/N, Santiago de Compostela (Spain)

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 radioimmuno 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

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

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.

References

- Alter HJ: Chronic consequences of non-A, non-B hepatitis; in Seef LB, Lewis JH (eds): Current Perspectives in Hepatology. New York Plenum Medical, 1989, pp 83–97. Choo Q-L, Kuo G, Weiner J, et al: Isolation of a cDNA clone derived from a blood-borne non-A, non-B viral hepatitis genome. Science 1989;244:359–362.
- Kuo G, Choo Q-L, Alter HJ, et al: An assay for circulating antibodies to a major etiologic virus of human non-A, non-B hepatitis. Science 1989;244:362–364.

Esteban JI, Viladomiu L, Gonzalez A, et al: Hepatitis C virus antibodies among risk groups in Spain. *Lancet* 1989;ii: 294–297. Mortimer PP, Cohen BJ, Lippon PA, et al: Hepatitis C virus antibody. *Lancet* 1989;ii: 798.

Roggendorf M, Deinhardt F, Rasshofer R, et al: Antibodies to hepatitis C virus. *Lancet* 1989;ii: 324–325.