Dear Sir,

Hepatitis C virus (HCV) is the most common cause of hepatitis in hemodialysis patients and renal transplant recipients. The major transmission routes of HCV infections are blood transfusions and inoculations; furthermore, organ transplantation, vertical and heterosexual transmission have also been documented [1]. In order to evaluate the contribution of end-stage renal disease patients on renal replacement therapy to the spread of HCV infection, we investigated HCV antibody (anti-HCV) and serum alanine amino-transferase levels in the spouses of these patients.

Eighty patients on renal replacement therapy (table 1) and their spouses (28 males, 52 females, aged 37.1 years, range 23-62) and 30 controls (16 males, 14 females, aged 41.5 years, range 26-65) were included in the study. 65 of the 80 patients on renal replacement therapy were sexually active. Anti-HCV was measured by a 2nd-generation enzyme-linked immunosorbent assay to C100-3 and 33c antigens of HCV(ELISA, Abbott). Four of the 80 spouses of the patients on renal replacement therapy were anti-HCV positive and none of the controls were anti-HCV positive. The characteristics of these 4 partners were as follows: (1) 3 of them were female and 1 of them was male with a median age of 37.8 years (range 31^45); (2) all their partners were in the anti-HCV-positive group (3 renal transplanted and 1 hemodialysis patients); (3) they did not share any risk factor including blood transfusion for HCV infection; (4) 3 of the patients as well as 2 of their spouses had raised serum alanine aminotransferase levels; (5) all of these pairs were sexually active and they were not using condoms during intercourse.

Although there are contrary studies [2], many reports have shown higher anti-HCV

### Table 1. Characteristics of patients on renal replacement therapy (means and range)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Hemodialysis patients</th>
<th>Transplanted patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>37.1 years (range 23-62)</td>
<td>41.5 years (range 26-65)</td>
</tr>
<tr>
<td>Gender</td>
<td>28 males, 52 females</td>
<td>16 males, 14 females</td>
</tr>
<tr>
<td>Anti-HCV</td>
<td>0/65</td>
<td>0/30</td>
</tr>
</tbody>
</table>

HD = Hemodialysis; RT = renal transplantation.
Data on the horizontal transmission of HCV to household members in patients on renal replacement therapy is still scanty and controversial [4, 5]. It was interesting to observe that all anti-HCV-positive spouses were in the anti-HCV-positive group. The frequency of anti-HCV is higher (6.8%, 4/59) in the spouses of anti-HCV-positive patients on renal replacement therapy than blood donors in Turkey (0.31%, 4/1,284) [6], but it should be noted that a first-generation screening test for HCV had been used in blood donors. On the basis of our observations and in agreement with Calabrese’s [4] report, we conclude that the patients on renal replacement therapy may contribute to the spread of HCV infection either by sexual or household contact, but this is a rare event.

References

Announcement
Meeting on Uremic Toxicity
September 22-24, 1994, Ghent, Belgium
The topics will include: (1) Analytical methodology – isolation of toxins; (2) Immune dysfunction and uremia; (3) Parathormone; (4) The biological action of calcitriol in renal failure; (5) Protein-bound organic acids; (6) ß2-microglobulin; (7) Nitric oxide and nitric oxide analogues; (8) Lipid metabolism disturbances in renal disease; (9) Cardiac failure and uremia; (10) Removal pattern of therapeutic strategies.
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