

中文題目：以肝硬度測量替代肝組織纖維化程度對慢性 C 型肝炎病人肝癌發生的危險性評估

英文題目：Liver stiffness measurement as alternative of fibrotic stage in risk assessment of hepatocellular carcinoma incidence for chronic hepatitis C patients

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Background: Hepatic fibrosis stage is useful in assessing risk of hepatocellular carcinoma (HCC) occurrence. The aim of this study was to evaluate liver stiffness measurement (LSM), in addition to fibrosis stage, in risk assessment of long-term HCC occurrence for patients with chronic hepatitis C.

Materials and Methods: Consecutive patients with chronic hepatitis C, without past history and presence of HCC, with concomitant liver biopsy and LSM were enrolled in this study. All patients attended regular surveillance for HCC development every 3-12 months. The medical records were reviewed. Follow-up LSM was performed at least one year later.

Results: One hundred and ninety-eight patients (M/F: 112/86) with reliable LSM results were enrolled. Ten patients developed HCC in a median follow-up period of 47.8 months. For patients with initial LSM ≥ 24 kPa, 12-24kPa, and < 12 kPa, 5-year HCC incidence was 45.1%, 9.5% and 0.9% respectively. Multivariate analysis showed patients with LSM > 24 kPa and patients with LSM 12-24kPa had higher risks of HCC development (HR: 24.6, CI: 2.7-220.4 and HR: 11.7, CI: 1.3-105.2). Patients without sustained virological response after treatment also had higher risk of HCC occurrence (HR: 9.7, CI: 1.1-82.2). Among 106 patients with follow-up LSM, there was a higher risk of HCC development for patients with LSM > 12 kPa in the initial and follow-up LSM.

Conclusion: As an alternative of fibrosis stage, initial LSM is useful as a non-invasive method in risk assessment of HCC occurrence for patients with chronic hepatitis C. Serial follow-up LSM > 12 kPa carries higher risk of HCC development.