中文題目：合併感染 B 型肝炎會干擾慢性 C 肝患者接受成功抗病毒治療後的血小板數目之恢復

英文題目：Hepatitis B virus dual infection disrupts platelet counts recovery in chronic hepatitis C patients after curative antiviral therapy

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***Background*:** Hepatitis C virus (HCV) infection is associated with thrombocytopenia, which will recover after viral eradication. This current study explored the rate and factors associated with platelet (PLT) recovery, which may represent the degree of liver fibrosis regression.

Methods: Total 466 patients with HCV who achieved a sustained virological response (SVR) were enrolled to compare the PLT change after a mean follow-up period of 85.5months (range 12-163 months).

Results: PLT counts increased significantly after achieving SVR (from 166±55 $x10^3u$/L to 201±61 $x10^3u$/L, P<0.001). The median PLT count increment was $5.03x10^3u$/L per year. Logistic regression analysis revealed that factors associated with slow PLT count recovery were high pretreatment PLT counts (odds ratio [OR]/ 95 % confidence intervals [C.I.]: 0.992/0.989-0.996, P<0.001) and hepatitis B virus (HBV) co-infection (OR/C.I.: 0.416/0.220-0.785, P=0.007)**.** High platelet counts were the only factor associated with slow PLT recovery in patients with mild liver disease (F0-2) (OR/CI:0.992/0.987-0.996, P<0.001). On the other hand, HBV co-infection was the only factor associated with slow PLT recovery in patients with advanced fibrosis (OR/CI:0.207/0.054-0.789, P=0.02). Linear regression analysis of factors correlated with the delta PLT count change per year in patients with F0-2 included pretreatment WBC (β:-0.001; CI: -0.002- .000; P=0.01) and pretreatment PLT counts (β:-0.037; CI: -0.061- -0.013; P=0.003). HBsAg seropositivity was the only factor correlated with the delta PLT count change per year (β:-10.193; CI: -16.752-3.635; P=0.003) among patients with F3-4.

Conclusions: PLT counts recovered after HCV eradication. HBV dual infection disrupted PLT count recovery, especially in those with advanced liver disease.