中文題目：基因型1b合併NS5A變異之慢性C型肝炎女性病患於干擾素及DCV+ASV皆治療失敗後接受PrOD成功治癒：一病例報告

英文題目： A GT1b CHC female patient with NS5A RAVs failed to respond to PegIFN/RBV and dual therapy (daclatasvir plus asunaprevir) achieved SVR after 12 weeks PrOD(ombitasvir/paritaprevir/ritonavir + dasabuvir) therapy: A case report

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Introduction:

Chronic hepatitis C (CHC) will develop into cirrhosis and malignancy. Nowadays, CHC can almost be cured by the direct antiviral agents (DAAs). The treatment of dual therapy (daclatasvir plus asunaprevir) is affected by the presence of NS5A resistance-associated variants (RAVs). It is necessary to have more treatment experiences and studies to enhance the quality of CHC management. We report here a treatment-experienced case (IFN then dual therapy) with relapse and then cured by PrOD therapy.

Case summary:

This 68 y/o woman has disease of hypertension, DM, liver cirrhosis (Child-Pugh A) and chronic hepatitis C with HCV genotype 1b infection. She had received 48 weeks IFN treatment during January and December 2011 with relapse. She participated the clinical trial and received direct antiviral agent therapy with daclatasvir (DCV) plus asunaprevir (ASV) for 24 weeks during June and December 2014 when the RVAs was not yet identified as contraindication for DCV/ASV. HCV RNA was undetectable after second week treatment; but detected after 10-week after cessation of therapy. We have check the NS5A RAVs and she had the Y93H variant. She received second time DAA regimen with PrOD (VIEKIRAX (ombitasvir/paritaprevir/ritonavir)+ EXVIERA (dasabuvir)) for 12 weeks. HCV RNA (initial HCV RNA 54681 IU/mL) could not be detected since week 4 until 12 weeks after cessation of therapy. The patient achieved SVR.

Discussion/conclusion:

It is recommended to confirm the presence of the NS5A RAS before DCV/ASV treatment. Though failing to respond to previous IFN and DCV/ASV this patient with HCV genotype 1b and RAVs achieved SVR after PrOD treatment. With the reimbursement of National Health Insurance, the treatment of PrOD for patients with NS5A RAVs and fail to respond to DCV/ASV may be considered and further studies are needed.