中文題目：第一型C型肝炎病人經DAA藥物治療肝硬化度及肝臟脂肪變性，其變化及其相關影響因子

英文題目：The change of liver stiffness, hepatic steatosis and their associated factors for patients with chronic hepatitis C patients underwent direct-acting antiviral regimen

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Background and aim: Liver stiffness (LS) measurement has been proposed to access liver fibrosis for patients with chronic hepatitis C (CHC). Control attenuation parameter (CAP) is noninvasive assessment of hepatic steatosis. This study was to determine the changes of LSM , CAP and their associated factors for patients with CHC underwent all-oral direct-acting antiviral (DAA) therapy.

Patients and methods: From Jan/2017 to Aug/2017, consecutive CHC patient with compensated liver disease underwent all-oral DAA(PrOD, Viekira Pak) therapy with/without ribavirin. The LS and CAP measurement is using transient elastography (FibroScan®, Echosens, France) before and after treatment. The demographics, clinical characteristics and treatment outcomes were recorded and reviewed. The change of LS, CAP , and their associated factors were analyzed.

Result: A total of 213 (M/F:97/116, mean Age:63.7) patients including 192 genotype 1b and 21 genotype 1a were enrolled. The median initial liver stiffness before treatment was 14.8 kPa. For 213 patients complete the recommended treatment, the sustained virological response (SVR) post-treatment week 12 (SVR12) was 100%. There were 213 patients with initial and follow-up LS measurements at SVR12. LS value decreased in 185(86.9%) patients at SVR12. Multivariate analysis showed that higher initial LS value (B:-0.37, SE:0.03　$p<0.001$) was associated with a greater reduction of LS value. There were 213 patients with initial and follow-up CAP measurement at SVR12 and the result showed that the median CAP value increased at SVR12(228 dB/m at SVR12 vs 223 dB/m at baseline).There was no significant difference in the change of CAP value(P=0.227).However, the multivariate analysis showed that higher initial CAP value showed the more CAP changes in our study.

Conclusion: Patients with CHC and compensated liver disease underwent PrOD treatment achieved high SVR12 and improved their LS value at SVR12. Higher initial LS value contributed to greater reduction at SVR12. There is no significant decline in CAP post PrOD therapy.