中文題目：C 型肝炎帶原者治療成功後的活體肝臟捐贈可以改善捐肝來源_個案報告

英文題目：Transplantation of liver from HCV-infected donors treated with DAA agent regimens achieved SVR effect to increase the donor pool-a case report.

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Introduction

Taiwan has a high prevalence of hepatitis B and C viral infections, and consequently a high of chronic liver diseases result in decompensated liver disease .The liver transplantation is the standard treatment for patients with end-stage liver diseases.

Actually, a shortage of deceased donor liver grafts is the universal problem to be faced with in all transplant centers and absolutely including of Taiwan.

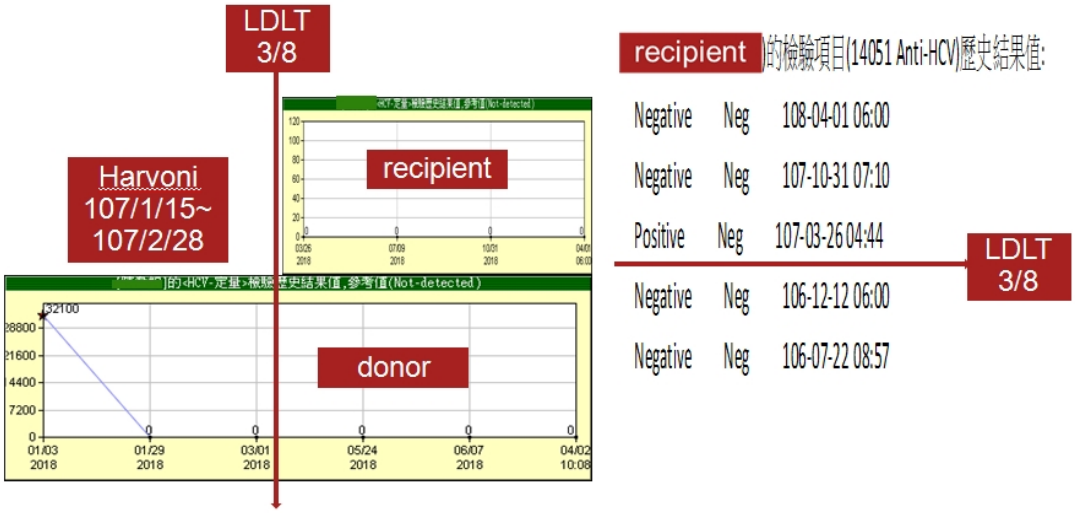
Liver transplantation (LT) began in Taiwan in 1984, and living donor liver transplantation (LDLT) in 1994.Unfortunately, liver transplant centers of Taiwan has lack of organ sources caused many patients with end-stage liver failure to wait for a suitable liver and die from various complications. Living-donor liver transplantation (LDLT) is currently the only effective means to significantly increase the graft supply in societies where cadaveric donation is very limited, as in Taiwan.

The development of direct-acting antiviral agents (DAA) to treat hepatitis C virus (HCV) infection has raised the possibility of substantially increasing the donor organ pool by enabling the transplantation of liver from HCV-infected donors into recipients who do not have HCV infection.

Case present

A 43-year-old man with medical history of decompensated alcoholic liver cirrhosis without HCV experienced (both anti HCV antibody and HCV RNA negative) had admitted to receive therapeutic paracentesis frequently and liver transplantation was recommended. After well discussion with patient and his families, his sister agreed with living donor liver transplant. However, after a serious of routine pretransplant evaluation HCV infection was noted. The report revealed HCV viral load:32100 IU/cc and Ib genotype. She received self-paid

direct-acting antiviral agents (Harvoni) with six weeks doses, shorter treatment times as standard dose 12 weeks, by her intent.
The Quantitative HCV viral load testing reported undetected before she donate the liver graft. The LDLT operation was performed on 8th March 2018 smoothly after the agreement of the Chi Mei Ethics Committee. During hospitalization the anti-HCV antibody revealed transiently positive but with undetectable viral load. The time sequence and series changes of anti HCV antibody and HCV viral load before and after LDLT were listed as below. No more detectable HCV viral load were noted after LDLT both in donor and recipient until April 2019.



Conclusion
We report a case of decompensated alcoholic liver cirrhosis. He received living donor liver transplantation from a HCV-infected donor treated with DAA agent regimens achieved SVR before operation. After nearly a year of trace, the patient is not detection of hepatitis C infection . Clearly HCV has become much easier to manage in the transplant setting with the advent of all oral DAA therapies. The landscape of organ transplantation has been altered by the emergence of curative direct-acting antiviral agents for hepatitis C. Expansion of the donor pool to include the hearts ,the lungs and the livers from hepatitis C-positive donors holds promise to increase available donor organs.