



Re-occurrence Hepatitis C: or poor diagnostic tool?

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A 50 year old male patient was reported, suffering from Hepatitis C. He was feeling some symptoms, like muscle fatigue, fever, abdominal pain. Physician recommended him for abdominal ultrasound immediately. His ultrasound shows slight enlargement of liver size, but all other was normal, on laboratory tests of that patient, it was also found that he has increased level of LFT's (SGPT and SGOT). Now he was recommended for further laboratory reports like PCR (HCV) Qualitative and PCR (HCV) Genotype. These laboratory tests tells either patient is HCV positive or negative and also genotyping. Patient was found HCV positive for Nested PCR and genotype was 2b. Immediately, treatment was started with Roferon (Interferon Alfa-2a, Recombinant) and Ribazole (Ribavirin) capsules of Roche Pharmaceuticals and Getz Pharmaceuticals respectively. Patient was treated with subcutaneous injection of Roferon (Interferon Alfa-2a, Recombinant) thrice a week and Ribazole (Ribavirin) capsules 500 mg once daily [1,2].

Along this, patient was also prescribed for Panadole (Paracetamol) 500 mg tablets' twice daily, as patient has many fever like symptoms as its side effects. Treatment was prolonged for 8 months during this treatment patient was strongly advised to take fresh fruit juices to makeup platelets, leucocytes, RBC's and WBC's deficiencies and his laboratory reports of complete blood count were observed continuously. At the end of treatment patient has PCR (HCV) Qualitative report as negative. After passing the 4 years, the patient founds again symptoms of hepatitis C. Upon physician checkup, he was recommended again for PCR (HCV) Qualitative report, which was this time again positive. Question rises why virus has again relapsed in this patient. As in Real Time PCR (HCV) Quantitative report it was found that how much viral load may be present in patient. It was very high as 6 lacs and ten thousand copies per milliliter. Now again new therapy was adopted by the physician to treat Hepatitis C immediately which was more expensive than the previous one.

As Pegasys (Peginterferon alfa-2a) is most appropriate treatment of the Hepatitis C, so the virus should be completely eliminated after 2 month treatment with this, which is standard result found all over the world with this treatment [3]. Patient was prescribed for Pegasys (Peginterferon alfa-2a) subcutaneous injection (Roche Pharmaceuticals) once a week, along this Ribazole (Ribavirin) capsules 500 mg was also recommended once a day and patient was observed for its PCR (HCV) Quantitative report after two months, it was 3 lacs copies per milliliter, so it was seen viral load is decreasing, but after 6 month treatment it was not removed totally and was not less than 1 lac seventy five thousand copies per milliliter. So twice HCV treatment was non responsive. Here the case is different as the reason may be virus has become more strong and powerful against antibodies, so this time it was difficult to totally eliminate from the body.

Main thing to ponder is that when patient was first time treated with Roferon, then why 2nd time virus reappeared. There may be two reasons as one is that there may be some copies of viruses have survived which after multiplying again and again causes big number of copies. The second reason may be that Panadol

used for fever, itself is highly hepatotoxic drug, and it has caused more liver injury in the long term use and patient was immunocompromised as it also affects antibodies production, and has again developed HCV.

It may be concluded from this case report that the patient may have developed drug induced hepatotoxicity leading to re-occurrence of hepatitis, and type of PCR procedure (Nested or Real Time) is important for proper diagnosis.

References

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