INTRODUCTION

- Pakistan has the second-largest burden of hepatitis C globally, with a nationwide prevalence of 4.8%\(^1\).
- HCV used to be treated with peg-IFN-2a, an immunomodulatory agent, before the introduction of direct acting antiviral agents (DAAs). Two new drug regimens were approved in 2013. The first regimen contained Sofosbuvir in combination with Ribavirin with or without peg-IFN. The second one included Simeprevir, Ribavirin and peg-IFN\(^2\).
- EASL recommends treatment of HCV with sofosbuvir along with 1-3 other direct acting antivirals plus Ribavirin to achieve SVR-undetectable viral load after 12 weeks of treatment withdrawal\(^3\).
- Triple therapy achieves over 94% SVR in Pakistani population, so proved to be highly effective against Hepatitis C infection.
- Ribavirin decreased the incidence of HCC but doesn’t eliminate the chances of developing HCC (66.3 % or 3.3 times lesser risk).

AIM/OBJECTIVES

1. To determine SVR rate with triple therapy of Ribavirin-Sofosbuvir-Daclatasvir in cirrhotic hepatitis C infected patients in Pakistan population.
2. To determine incidence of HCC with or without achievement of SVR after triple therapy in cirrhotic hepatitis C infected patients in Pakistani population.

RESULTS/CONCLUSIONS

1. SVR achieved by new direct acting antivirals (DAAs) plus ribavirin decreases the incidence of HCC but doesn’t eliminate the chances of developing HCC (66.3 % or 3.3 times lesser risk).

CONTACT INFORMATION

Ali Husnain
Undergraduate, KEMU
Email: alihusnain9252@gmail.com

REFERENCES