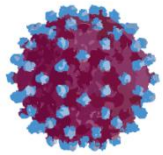
“OLGU SUNUMU”

Dr. Ziya Kuruüzüm

DEÜTF Enfeksiyon Hastalıkları ve

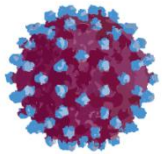
Klinik Mikrobiyoloji AD

VHÇG, Hepatit Kampı, Bolu, 01.03.2014



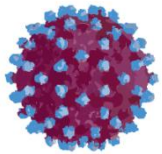
Olgu

- MŞ, 58 yaş, erkek, emekli
- Rutin yapılan tetkikler sırasında anti-HCV pozitif bulunuyor (2005)
- İlk tedavi (2005) ardından "nüks"
- İzlem ve tedavi amacıyla başvuru (2011)
- Herhangi bir yakınması yok



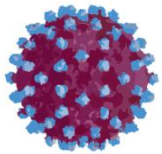
Olgu

- Özgeçmiş;
  - Apandisit operasyonu (20 yıl önce)
  - Bacak kesisi (21 yıl önce)
  - Diş yapımı (15 yıl önce)
  - Multi nodüler guatr
- Soygeçmiş;
  - Eşi: Anti-HCV (+), HCV RNA (-)
  - Anne sirozdan ex
- Fizik muayenesi; Normal



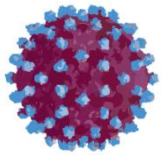
Laboratuvar

- Hemogram: normal
- Sedimentasyon: 33 mm/saat
- AST: 122 U/L
- ALT: 220 U/L
- GGT: 241 U/L
- Alb/Glb: 3.6 gr/dl / 3.9 gr/dl
- AFP: 6.88 ng/ml
- ANA: 1/100 (granüler)

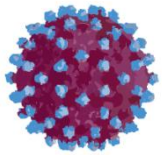


Laboratuvar

- Anti-HCV (+)
- Ko-enfeksiyonu yok
- HCV RNA 25,495,041 IU/ml
- Genotip 1b

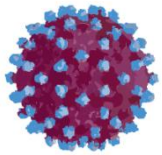


Ne yapalım?



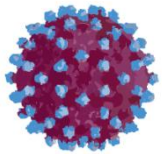
Seçenekler

- 1. Tedavisiz izlerim
- 2. Karaciğer biyopsisi yaparım
- 3. IL-28b bakarım
- 4. USG isterim
- 5. Tedavi başlarım



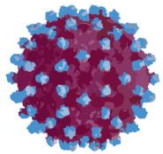
Karın USG

- Karaciğer;
  - Minimal ondülan kontürlü
  - Parankim granüler
  - Segment 2'de 8 mm çapında, segment 7'de 23X19 mm çapında hiperekojen lezyon, hemanjiyom (?), HCC (?)

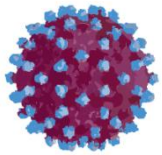


Karın MR

- Karaciğer;
  - Kc boyutları N
  - Düzgün kontürlü
  - Parankim intensitesi heterojen
  - USG'de tanımlanan lezyon "displastik nodül", HCC yok

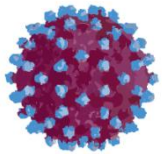


Ne yapalım?



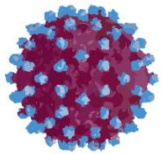
Karaciğer Biyopsisi (23.09.2004)

- Karaciğer biyopsisi (ISHAK);
  - Piece-meal nekroz: 2
  - Konfluen nekroz: 1
  - Spotty nekroz: 2
  - Portal enflamasyon: 4
  - HAİ: 9/18,
  - Fibrozis: 5



IL28b Genotipi

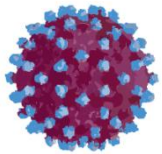
- *IL-28b* genotipi;
  - C/C



Tedavi Seçenekleri - 2011

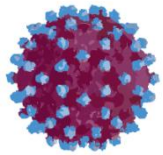
- PEG-IF/RBV

- PEG-IF/RBV/TVR (yok)
- PEG-IF/RBV/BOC (yok)

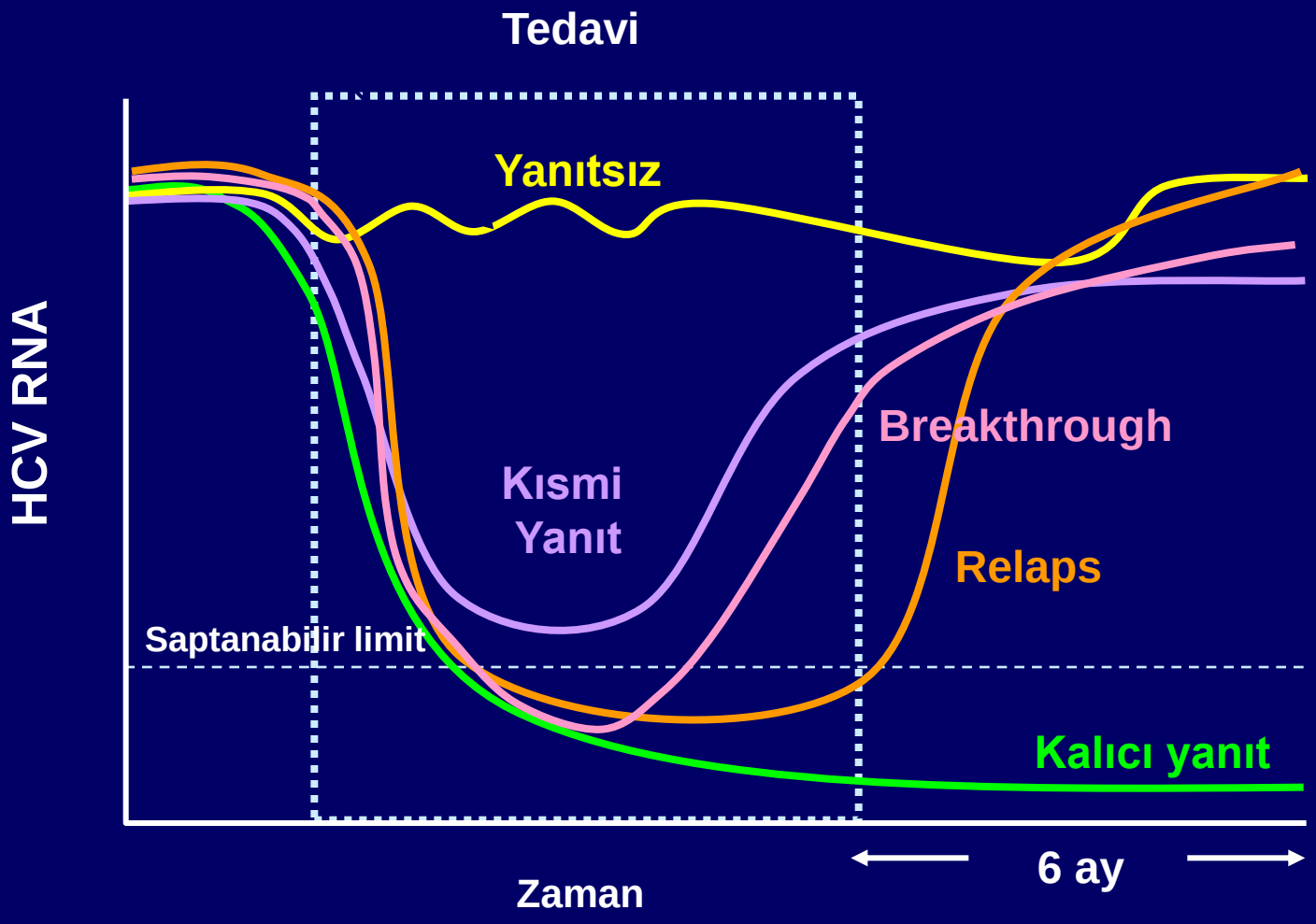


Tedavi

- PEG-IF-alfa 2a 180 µgr/hf + RBV 1200 mg/gün (90 kg) + TVR başlanıyor (29.11.2011)



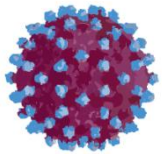
Virolojik Yanıt Paternleri



Clark R. in Drugs in Context 20073;2:53-92

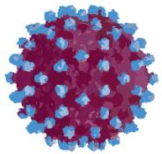
İzlem

- Birinci ay;
- HCV RNA: (-)
- AST 45 U/L, ALT 47 U/L
- Hemogram;
  - PNL; 2300 mm^3,
  - Plt; 122,000 mm^3
  - Hgb; 11,5 gr/dl
- Sistem muayeneleri olağan



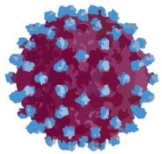
İzlem

- Üçüncü ay;
- HCV RNA: (-)
- AST 55 U/L, ALT 45 U/L
- Hemogram;
  - PNL; 3200 mm^3,
  - Plt; 96,000 mm^3
  - Hgb; 9,7 gr/dl
- Sistem muayeneleri olağan



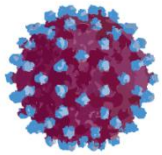
Tedaviye Yanıtın Göstergeleri

Parametre	4. hafta	12. hafta
RVR	HCV RNA <50 IU/ml	HCV RNA <50 IU/ml
EVR	RVR yok	HCV RNA <50 IU/ml ya da ≥2 log düşüş, ancak halen saptanabiliyor
cEVR	RVR yok	RVR yok, HCV RNA <50 IU/ml
pEVR	RVR yok	RVR yok, HCV RNA ≥2 log düşüş, ancak halen saptanabiliyor

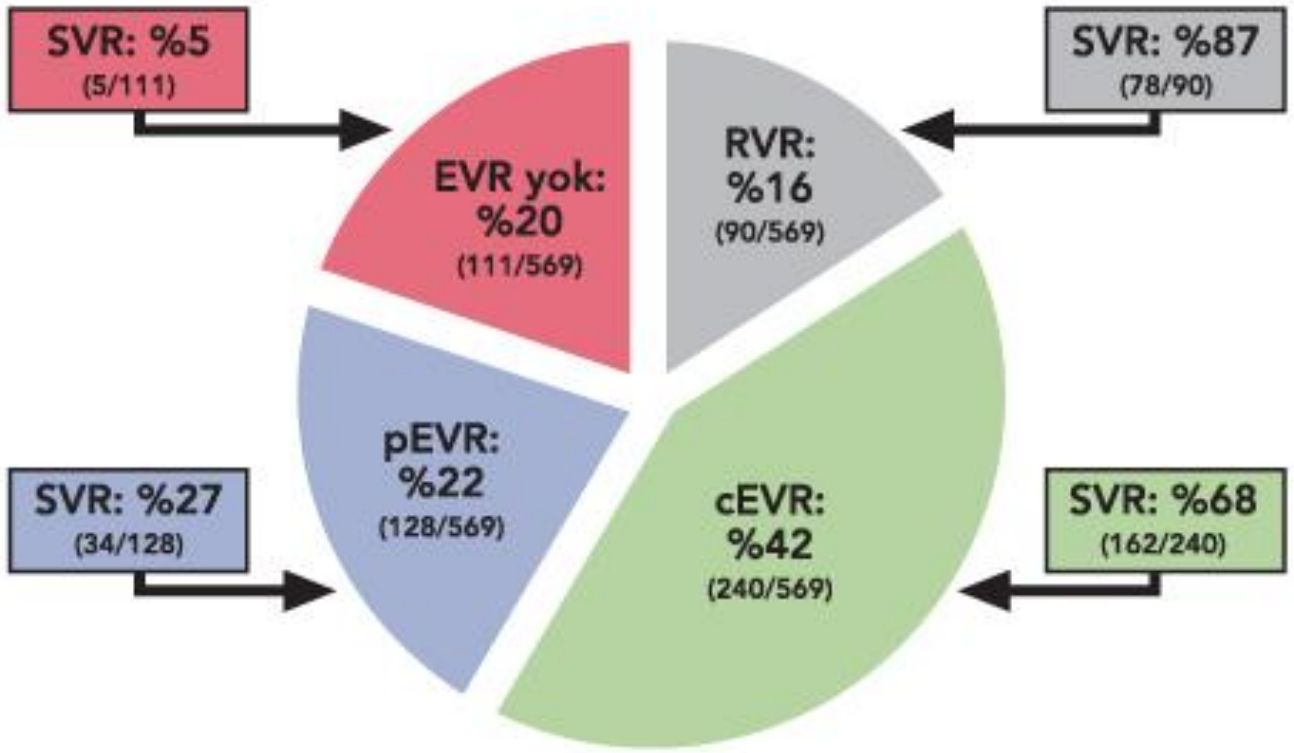


Marcellin P et al. AASLD 2007 A1308

Kalıcı viral yanıt (KVY) olasılığı?



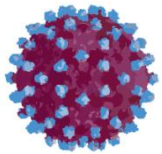
Kalıcı viral yanıt olasılıkları (PEGIF/RBV)



Marcellin P et al. AASLD 2007 A1308

Kalıcı viral yanıt olasılıkları - *IL28b* (SOC)

- *IL-28b* genotipi;
  - C/C: %69
  - C/T: %33
  - T/T: %27



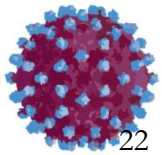
"REALİZE"

The NEW ENGLAND JOURNAL of MEDICINE

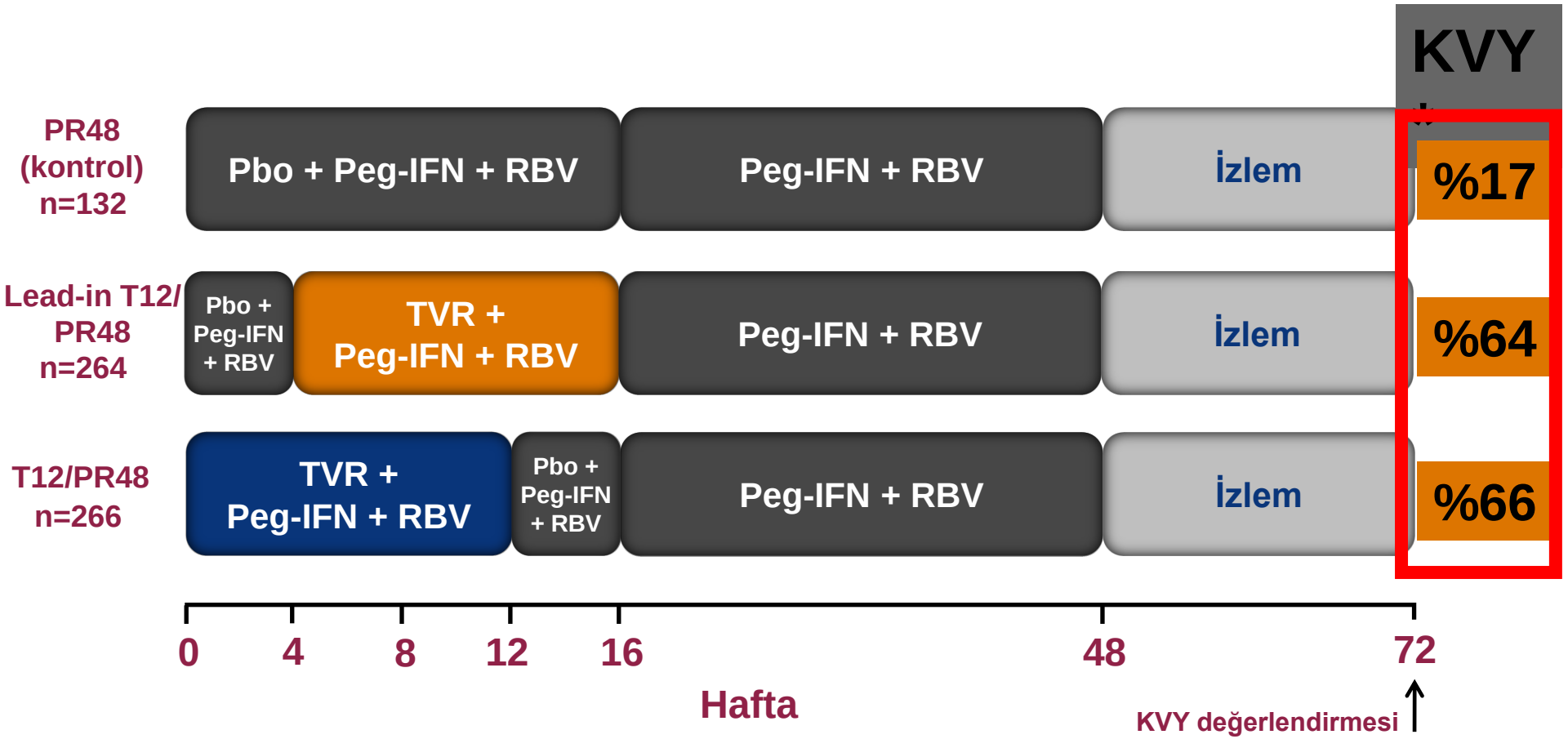
ORIGINAL ARTICLE

Telaprevir for Retreatment of HCV Infection

Stefan Zeuzem, M.D., Pietro Andreone, M.D., Stanislas Pol, M.D., Eric Lawitz, M.D., Moises Diago, M.D., Stuart Roberts, M.D., Roberto Focaccia, M.D., Zobair Younossi, M.D., Graham R. Foster, F.C.R.P., Andrzej Horban, M.D., Peter Ferenci, M.D., Frederik Nevens, M.D., Beat Müllhaupt, M.D., Paul Pockros, M.D., Ruben Terg, M.D., Daniel Shouval, M.D., Bart van Hoek, M.D., Ola Weiland, M.D., Rolf Van Heeswijk, Pharm.D., Sandra De Meyer, Ph.D., Don Luo, Ph.D., Griet Boogaerts, M.Sc., Ramon Polo, Pharm.D., Gaston Picchio, Ph.D., and Maria Beumont, M.D., for the REALIZE Study Team*

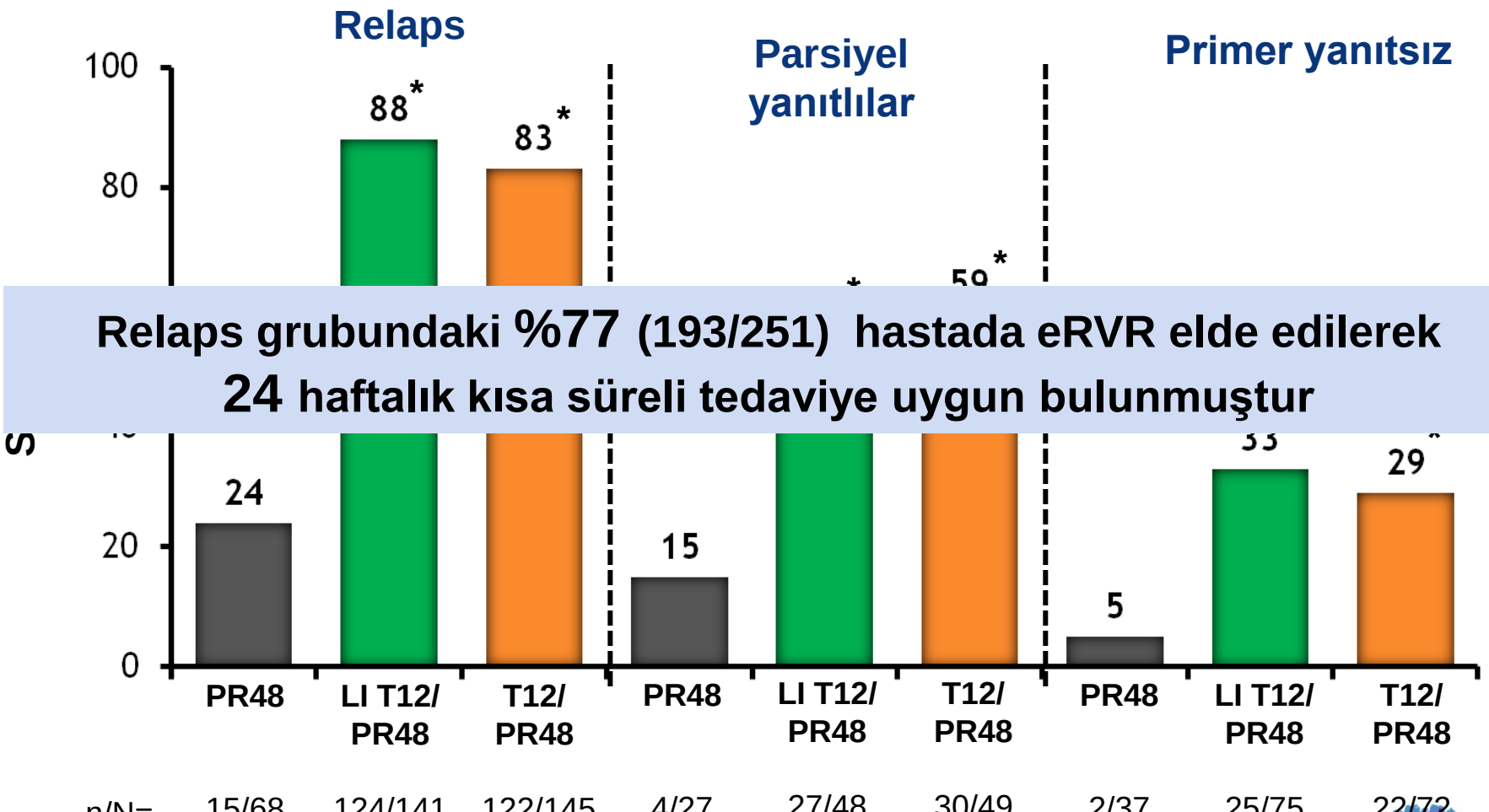


REALIZE: Çalışma tasarımı



Zeuzem S, et al. N Engl J Med 2011;364:2417–28

REALIZE: Önceden tedavi başarısızlığı olan hastalarda ulaşılan KVY oranları

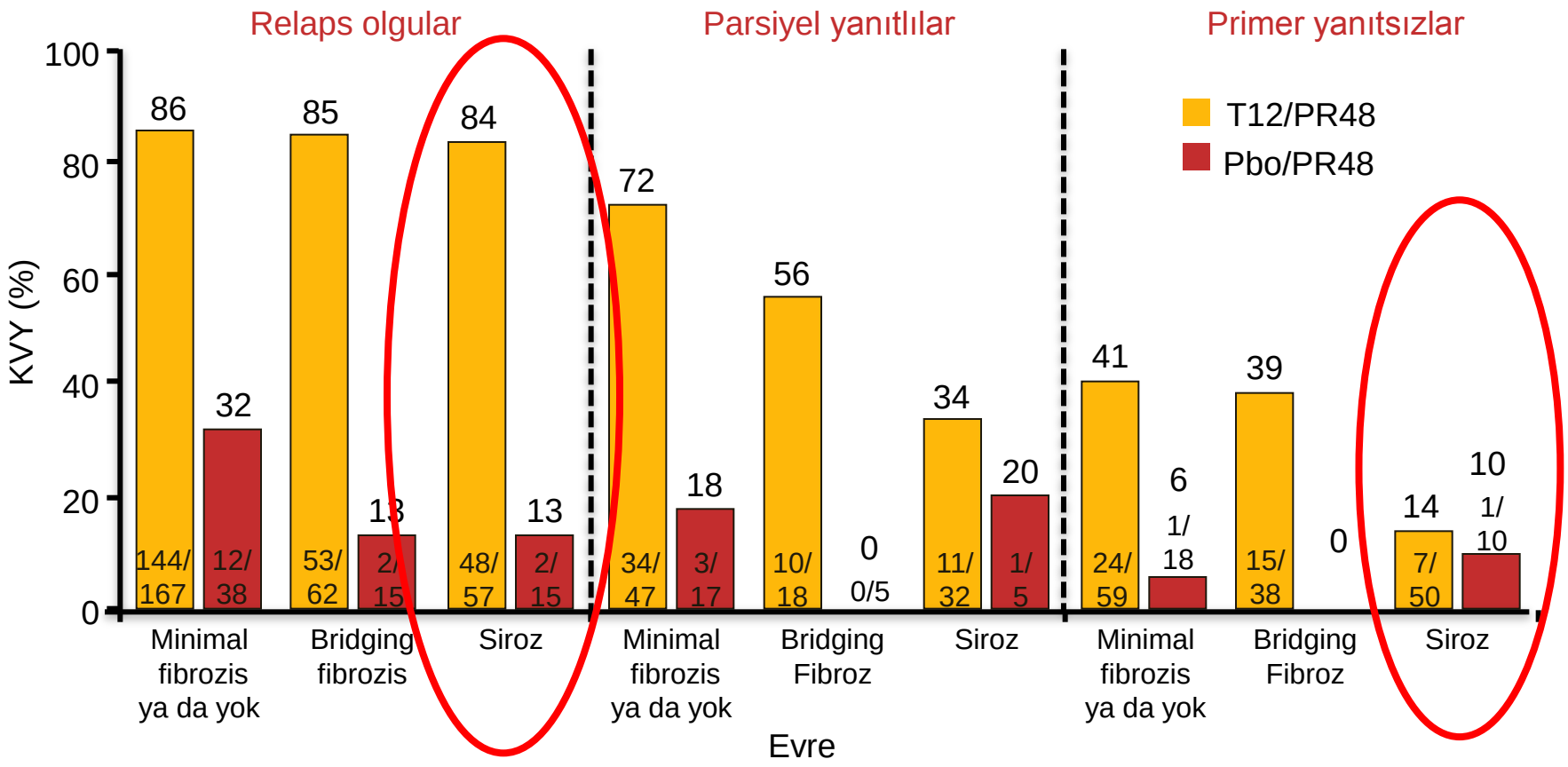


Relaps grubundaki %77 (193/251) hastada eRVR elde edilerek 24 haftalık kısa süreli tedaviye uygun bulunmuştur

*p<0.001 vs PR48

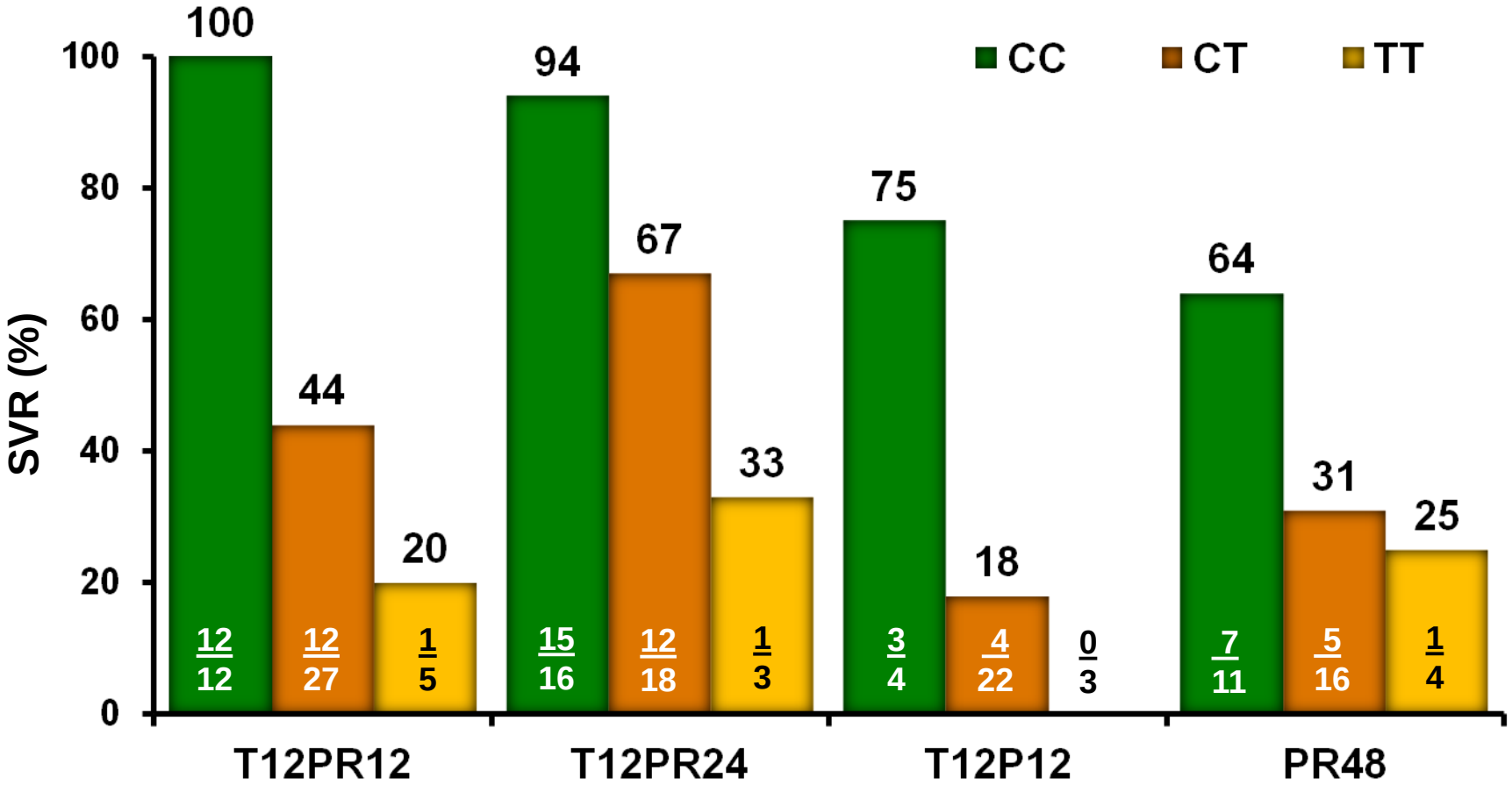
Zeuzem S, et al. N Engl J Med 2011;364:2417–28

REALIZE: Primer yanıtsız sirozlu hastalarda KVY oldukça düşük



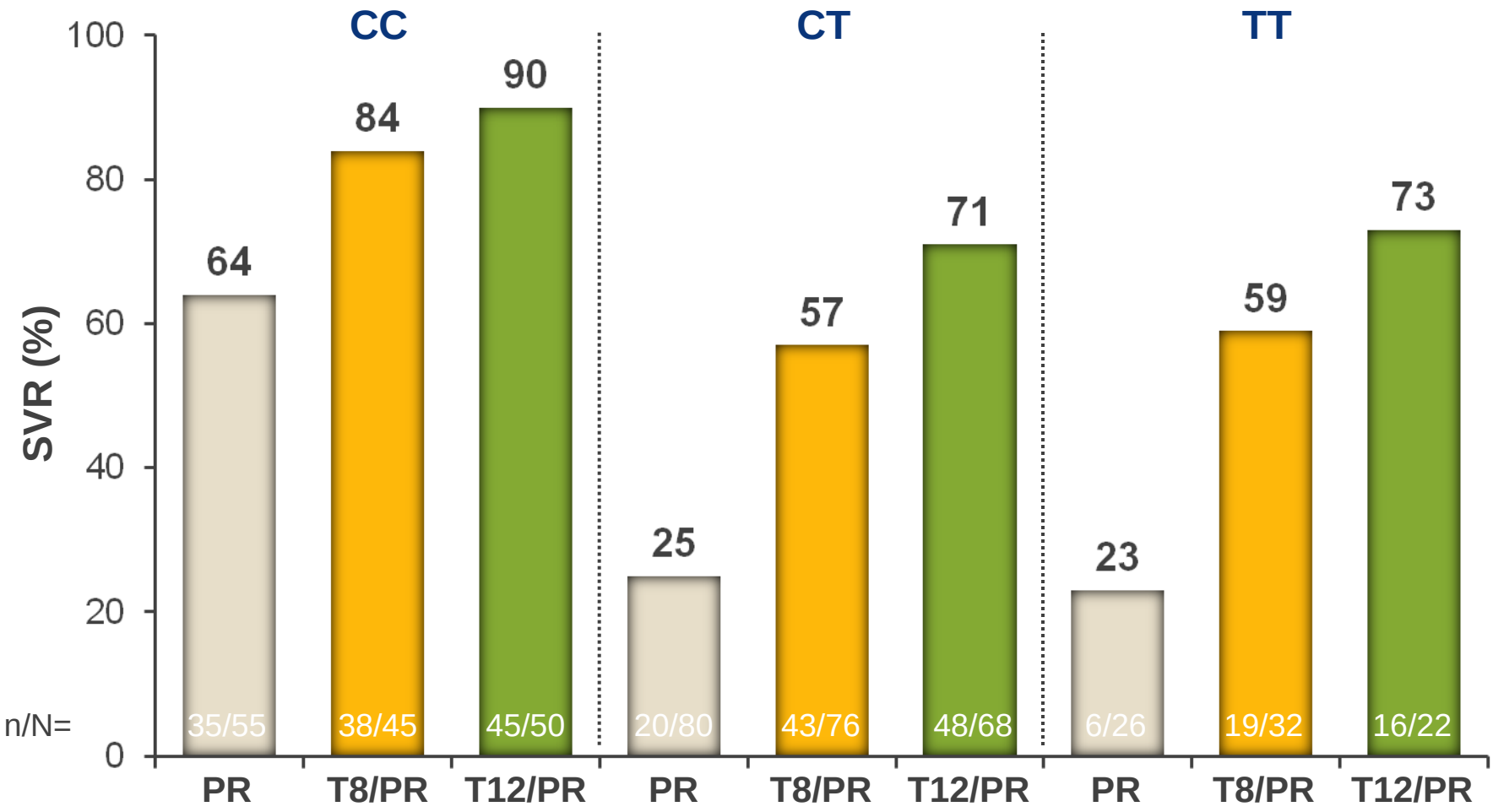
Zeuzem S, et al. EASL 2011. Abstract 5.

PROVE2 (telaprevir): İlaç rejimi ve IL28B genotiplerine göre KVY oranları



Bronowicki J-P, et al. J Hepatol 2012;56 (Suppl 2):S430–1

ADVANCE: *IL28B* genotipine göre KVY oranları

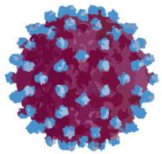


Samples were available for 454/1088 (42%) patients (Caucasian) enrolled in ADVANCE
SVR: sustained virologic response, defined as undetectable HCV RNA 24 weeks after last planned dose

Jacobson IM, et al. J Hepatol 2011;54(Suppl.):S542

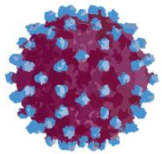
İzlem

- 24. hafta;
- HCV RNA: (-)
- AST 61 U/L, ALT 56 U/L
- Sedimentasyon 90 mm/saat
- Hemogram;
  - PNL; 2300 mm^3,
  - Plt; 102,000 mm^3
  - Hgb; 11,1 gr/dl

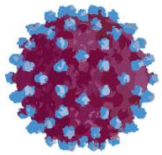


İzlem

- 24. hafta;
- GD düşkün, halsizlik artmış.
- Sistem muayeneleri olağan
- Yolunda gitmeyen bir şeyler?

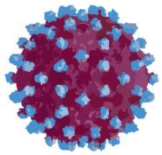


Ne yapalım?



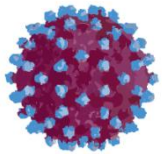
Tedavi

- 24. haftada tedavi kesiliyor
- USG isteniyor



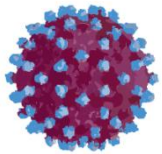
Karın USG

- Karaciğer;
  - Minimal ondülan kontürlü
  - Parankim granüler
  - Segment 6'da yaklaşık 5 cm çapında yeni lezyon (?)



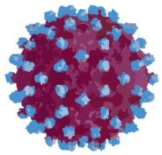
Karın MR

- Karaciğer önceki MR ile karşılaştırıldığında;
  - Kc'deki heterojen parankim intensitesinin ve displastik nodüllerin görünüm, boyut ve dağılım özelliklerini aynen korudukları, ancak, segment 6'da yaklaşık 5 cm boyutlarında HCC ile uyumlu lezyon.



Tedavi

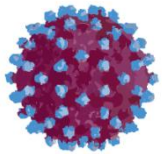
- Hasta karaciğer transplantasyonuna alınıyor



İzlem

- Tedavi sonrası 24. hafta HCV RNA: (-)

“KVY”




Sabrınız için teşekkürler