



## Hepatitis C treatment experience in a dialysis clinic: nephrologist's perspective

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### 1 INTRODUCTION

Since its discovery in 1989, hepatitis C has been gaining relevance due to its potential to develop into chronic liver disease. It is known that its prevalence is higher in dialysis patients, increasing in accordance with the time the patient remains on treatment. The diagnosis in this population may be difficult because of the nonspecific clinical picture, which may be confused with symptoms of uremia, besides variable levels of alanine aminotransferase (ALT), added to false-negative serologies for hepatitis C virus (HCV) and low viremia. Several studies seek to identify the causes of transmission within dialysis units, and most point to breaches in infection control protocol.

### 2 MATERIAL AND METHODS

To report the experience of HCV virus treatment in a dialysis patient by the nephrologist, highlighting the new direct-acting antivirals.

### 3 RESULTS AND DISCUSSIONS

Until recently, with positive anti-HCV and HCV-RNA results, it was common practice for nephrologists to refer patients to the center for infectious diseases. However, due to the high demand that the public system has been facing for years, further aggravated by the current coronavirus pandemic, the evaluation time by the specialist can be long, delaying the start of therapy. With the possibility of using new direct-acting antiviral drugs (DAAs) and interferon-free regimens, with high results of sustained serological response, associated with few adverse effects and fewer drug interactions, the possibility of treatment of these patients by the nephrologist has opened. The diagnostic complementation with liver

enzymes, bilirubin and coagulogram is easily accessible in most centers, as well as simple abdominal ultrasound. Transient hepatic elastography, considered the *gold standard* method for measuring hepatic fibrosis, has limited availability, which does not prevent the initiation of therapy.

#### **4 CONCLUSION**

With easy dosages, which increase patient compliance, added to the low rate of side effects, today we have the possibility that the treatment of these patients be performed by the nephrologist, with whom they live daily and who knows their medical history. Being a disease with a prevalence three times higher than in the general population, the immediate treatment of these patients is fundamental to achieve disease control in dialysis units.

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