HAART Is Associated With a Lower Level Of Hepatic Necroinflammatory Activity In HIV-HCV Coinfected Patients With CD4 > 350 at the time of liver biopsy.


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Materials & Methods I

- **Patients:**
  - Inclusion criteria were: 1) HIV infection defined by a positive serum HIV RNA PCR; 2) CD4 cell count above 350 cells/µL, at the time of liver biopsy.
  - Exclusion criteria: positive hepatitis B surface antigen, prior anti-HCV therapy, unknown date of HCV infection (defined as the date of first transfusion or the first year of injecting drug use), obvious noncompliance with antiretroviral therapy, nonassessable liver biopsy sample and impossibility to collect the clinical or analytical variables.

Materials & Methods II

- **Statistical analysis:**
  - We performed multivariate regression analysis to assess the association of use of HAART at the moment of biopsy and high liver necroinflammatory activity (Scheuer score ≥ 3).

- **Results:**
  - HAART was associated with lower levels of necroinflammatory activity. Since we have evaluated only one viral load at the time of liver biopsy, this result should be taken with caution.
  - Steatosis was not associated with liver necroinflammatory activity in the multivariate model probably because steatosis was also highly associated with advanced fibrosis.

- **Conclusions:**
  - Use of HAART was associated with lower levels of Necroinflammatory Activity.
  - Necroinflammatory Activity was strongly associated with higher fibrosis scores.
  - These results suggest that HAART might decrease hepatitis C activity in HIV-HCV coinfected patients with ≥ 350 CD4.

References