Liver transplantation in HIV-HCV co-infected patients


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**ABSTRACT**

Life expectancy in HIV infected patients has dramatically increased due to the efficacy of highly active antiretroviral therapy (HAART). Liver disease progression for cirrhosis is much faster in HIV-HCV co-infected patients than in HCV mono-infected patients. This study addresses immunological, virological, and pathological impacts on immune system. HIV replication, drug interactions, biochemical alterations and toxicities of HS enzymes.

**INTRODUCTION**

HIV and HCV coinfection is a medical urgency and represents a major challenge for transplantation efforts. The early and severe relapse of hepatitis C suggests a synergistic effect on immune system. Drug interaction is a limiting factor which needs specific management.

**METHODOLOGY**

HIV plasma viral load was < 400 copies/mL (mean 8.1 Log 10) in all patients. Coinfection and cirrhosis were confirmed by liver biopsy in 12 patients. Liver histological features were: lobular hepatitis (M1), microvesicular steatosis (M6), lobular hepatitis + ductopenia (M12) and acute rejection (M2).

**RESULTS**

At time of evaluation, the mean follow-up is 18 months (range: 3-45). Three patients died, four, eleven and thirty patients are under HAART.

**CONCLUSION**

Liver transplantation in HIV-HCV co-infected patients is feasible in a selected population. The management is a challenge in the only way to ensure a favorable outcome. It is gathered HIV+ or HCV infected patients. The management depends on careful monitoring of clinical, biochemical, virological and pathological parameters characterizing the post-LT period.