

## A) COMENTARIOS A ARTÍCULOS PUBLICADOS

### Commentary on Treatment of HCV infection in chronic kidney disease

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#### Dear Editor:

I read with interest the published article by Aoufi Rabih<sup>1</sup> in your journal recently. The prevalence of Hepatitis C virus (HCV) infection in hemodialysis (HD) patients varies markedly from country to country<sup>2</sup>. The main risk factors for HCV infection in this special group are blood transfusions, length of dialysis time and nosocomial routes of transmission including the use of contaminated equipment and patient-to-patient exposure<sup>3-6</sup>. Control of HCV infection in hemodialysis setting is possible<sup>7,8</sup>. Integration of surveillance system for early detection, treating all of treatable patients with alpha interferon, putting HCV-infected patients on the top list for renal transplantation, training the staffs in hemodialysis patients and using more the erythropoietin instead blood transfusion. The prevalence of HCV infection may be underestimated according to an antibody assay alone<sup>9</sup>. First of all, I would like to present a dilemma regarding liver biopsy in hemodialysis patients with HCV infection. Liver biopsy in hemodialysis patients is with higher risk of bleeding and other complication and it should do by Trans-jugular or in very specialized center. In treatment of HCV infection in hemodialysis patients, we are not sure regarding superiority of pegylated interferon (IFN) on conventional IFN<sup>10,11</sup> and in a meta-analysis The pooled sustained virologic response (SVR) for standard and pegylated IFN monotherapy in random effects model was 39.1% (95% confidence interval [CI], 32.1 to 46.1) and 39.3% (95% CI, 26.5 to 52.1), respectively<sup>10</sup>. The difference was not signifi-

cant, but it is important to treat the patients before 40 years old and as soon as possible<sup>10,12</sup>. Individuals on dialysis with chronic hepatitis C who were treated with interferon or pegylated interferon plus ribavirin can have higher SVR rate than dialysis patients treated with interferon or pegylated interferon alone. Administration of ribavirin with close monitoring of CBC and serum ribavirin concentration can be safe<sup>13</sup>.

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### Respuesta al comentario sobre el Manejo de la infección por el virus de la hepatitis C en la enfermedad renal crónica

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#### Sr. Director:

Las diferencias en las políticas sanitarias y los protocolos de cada unidad de hemodiálisis hacen que la prevalencia de la infección crónica por el virus de la hepatitis C (VHC) sea altamente variable en la población en hemodiálisis<sup>1-3</sup>.

Factores clásicos de contagio, como el material contaminado por la reutilización o las transfusiones sanguíneas, han sido sustituidos en algunos países por la adición a drogas por vía parenteral o la transmisión sexual<sup>4,5</sup>. No cabe duda de que la prevención es la medida de control más adecuada y de menor coste en estos pacientes.

El tratamiento de la infección crónica por el VHC antes del trasplante renal no figura a día de hoy como un criterio imprescindible para la inclusión del paciente VHC-positivo en lista de espera de trasplante renal, aunque los riesgos de la hepatitis C crónica en el postrasplante y la dificultad para el tratamiento en esta fase de la enfermedad renal crónica han sido constatados<sup>6-11</sup>.

La superioridad del interferón pegilado sobre el interferón convencional ha sido demostrada en ensayos clínicos, así como la superioridad de la asociación de interferón y ribavirina, aunque las diferencias son pequeñas. La suma de ribavirina a interferón pegilado, que precisa de un seguimiento estrecho en hemodiálisis por la gravedad de los efectos secundarios, ha aumentado la tasa de respuesta viral sostenida, aunque sigue siendo inferior a la de la población sin enfermedad renal crónica<sup>12</sup>. Este hecho, junto a la dificultad de tratamiento de los pacientes con enfermedad renal crónica estadios 4 y 5 en prediálisis, destaca la importancia de combatir la infección en fases tempranas de la enfermedad renal.

La biopsia hepática transyugular disminuye los riesgos hemorrágicos asociados a este procedimiento y al paciente renal, aunque hay poca experiencia descrita en la literatura<sup>13,14</sup>. Esta técnica permite además la medición del gradiente de presión venoso hepático, que aporta información diagnóstica y pronóstica.

Son necesarios estudios que determinen si la asociación de inhibidores de la proteasa (telaprevir, boceprevir) a interferón y ribavirina es segura en pacientes renales y puede aumentar las tasas de respuesta viral.

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## Cyclophosphamide-induced lupus flare?: the role of C4 and interferon-gamma in lupus flare

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### Dear Editor:

We read with great interest the contribution by Heras, et al.<sup>1</sup>. They reported a significant case that seemed not to res-