

A) COMMENTS ON PUBLISHED ARTICLES

Commentary on Treatment of HCV infection in chronic kidney disease

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To the Editor,

I read with interest the published article by Aoufi Rabih¹ in your journal recently. The prevalence of Hepatitis C virus (HCV) infection in hemodialysis (HD) patients varies markedly from country to country². 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 exposure³⁻⁶. Control of HCV infection in hemodialysis setting is possible^{7,8}. 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 alone⁹. 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^{10,11} 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), respectively¹⁰. The difference was not signifi-

cant, but it is important to treat the patients before 40 years old and as soon as possible^{10,12}. 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 safe¹³.

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Response to the comment made on Treatment of HCV infection in chronic kidney disease

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To the Editor,

Haemodialysis units' health policies and protocols are disparate meaning that prevalence of chronic hepatitis C infection is extremely variable in the haemodialysis population.¹⁻³ In some countries classic infection factors, such as material contaminated due to reuse or blood transfusions, have been