

心血管疾病患者的 C 型肝炎

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Hepatitis C virus (HCV) infection is a global liver disease that infected about 71 million people worldwide. Chronic HCV infection is well-known to lead to the development of chronic hepatitis, liver cirrhosis and its associated complications, and hepatocellular carcinoma. In addition to liver diseases, HCV is also associated with extrahepatic manifestations including cardiovascular diseases, insulin resistance, diabetes mellitus, chronic kidney diseases, cryoglobulinemic vasculitis, and B-cell non-Hodgkin's lymphoma. Many studies have reported that the risk of these extrahepatic manifestations was significantly increased in HCV patients than healthy people.

Studies have shown an increased prevalence of HCV infection among patients with a major cardiovascular event or disease and also had a significant association between HCV viremia and cardiovascular events vice versa. The pathophysiology association is assumed to induce metabolic risks such as diabetes and insulin resistance and create a proinflammatory and profibrogenic environment that subsequently result in chronic endothelial damages and accelerate the progress of atherosclerosis. In addition, potentially direct viral mechanisms may also predispose to or synergize the disease process of cardiovascular events. Eventually, HCV-infected patients also have a higher risk of mortality from cardiovascular events, as compared with uninfected, matched blood donors

Instead of traditional interferon-based therapy, current direct acting antiviral (DAA) treatment can achieve more excellent efficacy to clear HCV and exhibit limited adverse effects. The sustained virological response (SVR) rate of DAA can achieve as high as 98% regardless of patient's characteristics. Not only have positive impacts on liver disease outcomes, DAA treatment could exert beneficial effects on many extrahepatic manifestations of HCV including cardiovascular diseases. Observational retrospectively studies have shown that cardiovascular risk was significantly reduced among patients who had SVR compared with those without SVR. As DAA treatment is introduced widely in recent five years, longer period of follow-up is necessary to validate the beneficial impacts on cardiovascular outcomes.

Since Taiwan Government plans to eradicate HCV before 2025, screening in high risk of population is an important step to discover any potential HCV infected subjects. Current DAA is a simple, well-tolerate, and highly effective treatment. Lines of evidence revealed that cardiovascular events reduced significantly following clearance of HCV. The higher risk of getting HCV infection in patient with cardiovascular diseases makes universal screening of this population more important in clinical practice.