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New Treatment for the Cure of Hepatitis "C"

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Introduction

Hepatitis C is an infection caused by the virus (HCV) discovered in the late 1980s. It is a silent disease that at first does not produce symptoms and can take years until its detection. Currently, 160 million people worldwide are infected with the hepatitis C virus. In Argentina, approximately 600,000 people are infected (two out of every hundred) and do not know it. Unlike Hepatitis A and B there is no vaccine. Transmission is via the bloodstream and infrequent through sex* (injectable drugs, piercings, transfusions, dialysis, health personnel, etc.).

It is the leading cause of liver cirrhosis and Hepatic carcinoma; therefore it is the leading cause of liver transplantation. It is important to reach the early diagnosis so that within routine studies the primary care physician and the clinician should request anti-hepatitis C antibodies in the routine analysis, especially if the hepatogram shows some slight alteration or liver discomfort and not Repeat in one or two months. Until a few years ago the treatment was limited to Interferon (IFN) combined with Ribavirin (RBV) and reached 50-75% cure, without specific anti-viral action, difficult tolerance and variable response. Drugs already approved and those in advanced countries of research mean a real therapeutic revolution. They are more tolerated, more effective and with shorter duration of treatment.

With new scientific advances, it was possible to develop the virus by cultivating it, knowing the life cycle, action of its genes, structure of its proteins and drugs of direct AV action (DAA). The use of these drugs and those that are in process promise a cure of 95-100% as intended by WHO as a global goal to eliminate Hepatitis C in 2030* among men.

Clinical Case

A 48-year-old male patient with hemophilia reports that at age 33 after a severe traffic accident, he must be admitted to intensive care where he receives several blood transfusions. In 2003 he was diagnosed with chronic hepatitis C. He is referred to hepatology where he is asked for viral load and liver biopsy. Chronic hepatitis C virus (HCV) and stage II fibrosis are diagnosed. He received treatment with Interferon (IFN) and Ribavirin (RBV) for 48 weeks with good tolerance. It was negativized during the treatment but was positivized at 6 months. He started treatment with new drugs in search of new results.

Conclusion

Hepatitis C is a usually late diagnosis disease because it usually does not give symptomatology and also unlike hepatitis A and B there is no preventive vaccine treatment. It is therefore considered a chronic and silent disease. Until a few years ago there was no specific treatment. Thanks to the scientific advances, we now have new drugs and others in study that promises healing. It is important to take into account the forms of transmission and non-transmission and early diagnosis. Therefore, it is important that general practitioners and primary care physicians should be aware of this disease as it is the leading cause of hepatic cirrhosis and Hepatic carcinoma, being the first cause of liver transplantation. The new medication, very promising, is also very expensive. State support will be needed to eliminate this scourge and to reach all socioeconomic environments with the impact requested by the World Health Organization by 2030.



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