

Antivirals in acute hepatitis C

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Presentation

Education & Training

Hepatobiliary

Immunology

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The speaker presented a case of acute hepatitis C with jaundice and elevated transaminases, advocating for immediate antiviral treatment rather than waiting for spontaneous clearance, and reported successful cure with sofosbuvir-velpatasvir.

KEY POINTS

- The speaker stated that acute hepatitis C has very low mortality (less than 0.1% in registry data) and favorable prognosis in the absence of comorbidities or other liver disease.
- The speaker reported that 40-60% of acute HCV infections become chronic, with spontaneous clearance typically occurring within 16 weeks if it happens at all, but emphasized that symptomatic patients like this one have higher clearance rates.
- The speaker stated that treatment in the acute phase is immunologically superior to treatment in the chronic phase, showing better preservation of HCV-specific immune responses and interferon gamma production.
- The speaker reported that eight-week treatment with sofosbuvir-velpatasvir or glecaprevir-pibrentasvir achieved 99% cure rates in acute hepatitis C in published studies, though the speaker treated this patient for 12 weeks per Italian label.
- The speaker stated the patient achieved rapid ALT normalization within four weeks and sustained virologic response (cure) after 12 weeks of sofosbuvir-velpatasvir.
- In the discussion, the speaker recommended 12-week treatment duration when diagnostic uncertainty exists between acute infection and chronic flare, reserving eight-week regimens only for cases with documented proof of acute infection.

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