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Summary

THE CHALLENGES OF TREATMENT OF PATIENT WITH HEPATITIS C VIRUS ASSOCIATED CIRRHOSIS AND SPINAL BRUCELLOSIS

Vigen Asoyan

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A case report describes sequential management of spinal brucellosis and hepatitis C in a patient with decompensated cirrhosis, achieving compensation without liver transplantation.

KEY POINTS

- A 59-year-old male with Child-Pugh C cirrhosis (mixed alcohol and HCV etiology, MELD 22) presented with upper GI bleeding, then developed spinal brucellosis (spondylodiscitis at L2-L3 and L4-L5) confirmed by Wright-Huddleson agglutination test (1:200) and serology.
- Drug contraindications in decompensated cirrhosis (gentamicin, streptomycin), patient allergy (sulfamethoxazole), and drug interaction (rifampicin with sofosbuvir) limited treatment options to ciprofloxacin and doxycycline.
- The patient received ciprofloxacin monotherapy for 4 weeks during HCV elimination therapy, followed by triple therapy (ciprofloxacin, rifampicin, doxycycline) for 3 months after HCV PCR negativity.
- Treatment resulted in symptom resolution, laboratory normalization, HCV sustained virologic response at weeks 12 and 24, and MRI resolution of spondylodiscitis at one year.
- The authors state this is the first reported case of combined decompensated cirrhosis and spinal brucellosis management achieving compensation without transplantation.

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