Abstract:

Background: Hepatitis C virus (HCV) infection is a global disease with the highest estimated prevalence in Egypt. Between 75 to 85% of patients infected with HCV become chronic HCV carriers. Over 20-30 years time, 10-20% of chronic carriers develop liver cirrhosis; of those 1-5% will eventually develop hepatocellular carcinoma. The factors associated with the burden of chronic hepatitis C are incompletely understood. The aim: Is to assess the risk factors for progression of chronic hepatitis C infection to liver cirrhosis among upper Egyptian patients. Patients and Methods: This was a retrospective study of a community-based study (2004-2007) that followed up a cohort of chronic HCV patients who were recruited in another community-based study conducted in the period from 1997 to 2003 in Upper Egyptian village (Sallam village, Assiut governorate) and one of its satellites (Ezbet Fateh El-Bab). The clinical, risk factors, laboratory and ultrasonographic data of 165 chronic HCV patients were analyzed by Logistic regression to predict independent risk factors for development of cirrhosis. Results: The clinical chart data of 165 chronic HCV patients who are followed up for 10 years showed that 12(18.5%) patients developed liver cirrhosis, 3(25%) of them had evidence of hepatic focal lesion(s). By logistic regression analysis of risk factors for development of cirrhosis were surgical intervention was the strongest predictor (Odds' ratio = 8.011). This was followed by persistently elevated ALT (Odds' ratio = 6.391) and blood transfusion (Odds' ratio = 5.505). Conclusions: 18.5% (12/165) of patients with chronic HCV infection followed up for 10 years had evidence of cirrhosis; of those 25% (3/12) had evidence of hepatic focal lesion(s). History of surgical intervention was the strongest predictor of progression to cirrhosis followed by persistently elevated ALT and blood transfusion. Keywords: Chronic hepatitis C, Cirrhosis, Risk factors.

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