

CO-ORGANIZED EVENT

International Conference on **Chronic Diseases**

&  
6<sup>th</sup> International Conference on **Microbial Physiology and Genomics**

August 31-September 01, 2017 Brussels, Belgium

## Human herpes virus type 8 in patients with cirrhosis

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To date, human herpesvirus type 8 (HHV-8) DNA has been found consistently in all types of Kaposi's sarcoma (KS). This neoplasm occasionally develops in human immunodeficiency virus (HIV) non-infected patients with variable immunologic abnormalities. Immunologic abnormalities have been documented in cirrhotic patients and are strongly associated with cirrhosis severity. In a previous study, our study group found that the seroprevalence of HHV-8 in patients with moderate or severe cirrhosis was significantly greater than that in healthy controls. It appeared to be associated with cirrhosis severity, sex, and disease etiologies. However, the prevalence of HHV-8 infection in patients with mild cirrhosis has not been described, and it is not clear whether HHV-8 prevalence is associated with hepatitis activity. Our recent study found that patients with mild cirrhosis had higher seropositivity for KSHV antibodies than healthy controls ( $P=0.0001$ ). Univariate logistic regression analysis revealed that an age $\geq 55$  years (odds ratio [OR] 2.88,  $P=0.02$ ), hepatitis C virus (HCV) infection (OR 3.42,  $P=0.01$ ), and hepatitis activity (OR 4.10,  $P=0.004$ ) were associated with KSHV seropositivity in mild cirrhotic. Stepwise multivariate logistic regression analysis confirmed that age $\geq 55$  years (adjusted OR [aOR] 1.92,  $P=0.04$ ) and hepatitis activity (aOR 3.55,  $P=0.005$ ) were independent factors. The rate of hepatitis activity was higher in HCV-infected than in HBV-infected patients ( $P<0.0001$ ) and in women than in men ( $P=0.0001$ ). Mild cirrhotic who were seropositive for KSHV or HCV or had hepatitis activity were significantly older ( $P=0.02$ ,  $<0.0001$ , and  $<0.0001$ , respectively). Plasma samples from all participants were negative for KSHV DNA. KSHV antibody titers in mild cirrhotics also markedly exceeded those in controls ( $P<0.0001$ ), as in patients $\geq 55$  years old vs. younger patients ( $P=0.01$ ), those in patients with vs. without HCV-infection ( $P=0.0008$ ), and those in patients with vs. without hepatitis activity ( $P=0.0005$ ). Patients with mild cirrhosis had high KSHV seroprevalence and HCV infection, and, in particular, old age and hepatitis activity were predictors.

### Biography

Cheng-Chuan Su has completed residency training in Anatomic Pathology at the age of 31 years and in Clinical Pathology two years later; and obtained the Master degree from the Institute of Biomedical Engineering, National Cheng Kung University, Taiwan when he was 32 years old. At present, he is the Medical Director of Department of Clinical Pathology and the Attending Physician of Department of Anatomic Pathology, Buddhist Dalin Tzu Chi Hospital, and the Professor of Departments of Laboratory Medicine and Pathology, Tzu Chi University, Taiwan. He has published more than 40 papers in reputed journals and has been serving as an editorial board member of reputed journals.

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