Extended Abstract Journal of Nephrology and Transplantation 2020
Vol.4 No.2

Nephrologists 2020: Prevalence of viral hepatitis b and c in chronic hemodialysis in the region Casablanca settat- Imane Failal- University Hospital of Casablanca

I.Failal, S.Ezzaki, N.Mtioui, S.Khayat, M.Zamed, G.Medkouri, M.Benghanem and **B. Ramdani**

Department of Nephrology, Dialysis and Kidney Transplantation of the Ibn Rochd University Hospital of Casablanca-Morocco

Introduction: Viral hepatitis B and C has been one of the perilous problems in chronic hemodialysis (HDC). It is a serious public health issue in this population due to its high prevalence and risk of becoming a chronic disease and developing cirrhosis and hepatocellular carcinoma. Hepatitis is an aggravation of the liver, most usually caused by a viral contamination. There are five fundamental hepatitis infections, called A, B, C, D, and E. Hepatitis B and C are a genuine general wellbeing issue all inclusive and broadly. The World Health Organization (WHO) assesses that about 3% of the general populace is tainted with HCV infection with 71 million constant bearers [1,2]. The predominance of HCV contamination is a lot higher in patients experiencing hemodialysis than in everyone and is related with these patients, with higher mortality looked at with non-tainted dialysis [2-4]. HCV contamination predominance among incessant hemodialysis patients can arrive at 80%, the effect is over 9% every year [3,5]. This pervasiveness diminished since the presentation of a few preventive measures: efficient screening of blood items, the utilization of erythropoietin and regard for emergency clinic cleanliness. In Morocco, it is assessed that the predominance of viral Hepatitis C in hemodialysis is 32% as indicated by the National Register dialysis join Morocco "MAGREDIAL". Be that as it may, this rate shifts as indicated by the focuses going from 11 to over 85% [4,6]. Taking into account a potential destruction of viral hepatitis in the populace dialyzed in the territory of Casablanca Settat, including HVC with the appearance of new Direct-Acting Antivirals (DAA), a reassessment of the specific commonness s 'required to decide the requirement for these new medicines and considerable spending plans.

The objective: This study is aimed to determine the seroprevalence of HCV, potential risk factors and the effectiveness of anti-viral treatment in chronic hemodialysis patients in 14 different centers of hemodialysis in the region of Casablanca Settat.

Patients and Methods: A retrospective study conducted from October 1 st 2016 to September 30th 2017, including 1406 patients with chronic hemodialysis.

Results: In the light of the serological survey, the prevalence of antibodies against HCV positive is 6.4%, and that of HBs antigen is 0.88%.

In patients infected with HCV, the average age is 52.11 ± 14.4 years, with a slight predominance of men. The most dominant genotypes are G1 in 47.3% and G2 in 49.1%. The median duration of hemodialysis is 8 years.

There is no significant difference between HCV+ and HCV- patients' age, sex, transfusion and the number of packed red blood cells In addition to that, the median duration in hemodialysis as well as the number of attended hemodialysis centers are significantly higher in the HCV + group (P <0.01). While no risk factor has been implicated in hepatitis B infection (P = NS).

17 patients in our series were treated for viral hepatitis C. 7 of them had received a treatment based on the association "sofosbuvir 400 mg/j" and "daclatasvir 60 mg/j". SVR at 12 weeks after discontinuation of treatment was obtained in 100% of cases. Tolerance was very good.

Discussion: At our investigation blood transfusion history was noted in the two gatherings of patients HCV+ and HCV- with a recurrence of 65% in patients with viral hepatitis C, against 56% in the uninfected gathering however no huge contrast. This could be clarified by the decrease being used of transfusions as treatment of weakness, since EPO is utilized in Morocco in the mid two miles [5]. Numerous examinations where DOPPS has shown the positive connect between the predominance of HCV and status hemodialysis around the world. Dussol affirms this in a multicenter study led in the South East of France. Where He finished up that the length of dialysis past eight years is the fundamental hazard factor for contamination by HCV [2]. In our investigation, the quantity of hemodialysis years is a hazard factor for HCV and the quantity of occupied focus. The quantity of busiest focuses is a significant hazard factor. A learn at Aden in Yemen in 2015 by Aman et al indicated that the predominance of HCV contamination among HDC was altogether related with the quantity of hemodialysis focuses frequented by univariate and multivariate investigation [20], in this examination over 63.3% of HCV+ patients had gone to more than a hemodialysis focus. This is predictable with different investigations [21]. In our work the quantity of focuses frequented remains as a hazard factor (p<0.01). This finding is clarified by the resistance with the proposals recommending identifying disease with HCV taking all things together patients toward the start of the hemodialysis community or when moving from another dialysis place or methodology [19]. Distinguishing proof of HCV transmission in a dialysis place ought to brief quickly reevaluate disease control rehearses and decide the suitable restorative activity. Of late, the treatment of Hepatitis C has advanced with the improvement of new antiviral particles explicitly focusing on viral proteins: antivirals Direct Action (ADA). Studies inspired by this theme are as yet uncommon, as indicated by those accessible we can

This work is partly presented at 21st Global Nephrology, Urology and Kidney Failure Congress June on 10-11, 2020 Webinar

see that the treatment of HCV by systems sofosbuvir partner with another immediate antiviral operator counting Daclatasvir gave great outcomes with SVR from 75% to 100% resilience to these immediate antiviral was additionally better contrasted with conventions including ribavirin or pegylated interferon. The new proposals stress KDIGO 2018 regimens without sofosbuvir and suggest the accompanying treatment

choices: •Grazoprevir+Elbasvir for 12 weeks for genotype 1 •Glécaprevir+Pibrentasvir for 12 weeks

In our investigation 7 patients experienced this treatment, the outcomes were amazing and consoling with antagonism in viral burden at 4 weeks in all patients and continued virologic reaction (SVR) 12 weeks at 100%, resistance was additionally excellent. In our patient arrangement indicated no extreme unfavorable occasions and no treatment has halted.

Conclusion: The seroprevalence of HCV in Moroccan hemodialysis is gradually decreasing, and the factor of transfusion is incriminated and gradually loses its importance. However, seniority in hemodialysis and the number of hemodialysis centers attended seem to be a factor favoring the Adherence to hygiene measures and the rigorous application of prevention recommendations against HCV transmission could further improve the prevalence of hepatitis C in dialysis units.