

丙肝相关肝细胞癌患者肝动脉化疗栓塞术对丙肝病毒再激活、肝炎加重的影响

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Title: The effect of transcatheter arterial chemoembolization on reactivation of virus in patients with hepatitis C virus-associated hepatocellular carcinoma

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摘要: 目的:探讨丙肝病毒相关肝细胞癌患者接受肝动脉化疗栓塞术(transcatheter arterial chemoembolization, TACE)对丙肝病毒再激活、肝炎加重的影响。方法:收集2013年1月1日至2017年10月31日期间,确诊为丙肝相关肝细胞癌患者的临床资料进行统计学分析。结果:纳入156例丙肝相关肝细胞癌患者资料,针对TACE术对丙肝病毒再激活风险的统计学研究显示,74例进行TACE患者有19例发生丙肝病毒再激活,82例未行TACE患者中发生丙肝病毒再激活6例,两者具有统计学差异($P=0.00$)。针对TACE术后丙肝病毒再激活风险评估显示,HCV再激活组患者术前WBC计数较未激活组患者低,两者有统计学差异($P=0.02$)。Lg(HCV RNA)在两组中有差异,且Lg(HCV RNA) ≥ 4 的患者发生丙肝病毒再激活的概率大于Lg(HCV RNA) < 4 的患者,两者差异有统计学意义(Fisher确切检验 $P=0.03$)。肿瘤直径在两组中有差异,且肿瘤直径 ≥ 6 cm患者发生病毒再激活的概率大于肿瘤直径 < 6 cm的患者,两者差异有统计学意义($P=0.03$)。Logistic多因素回归分析发现:治疗前WBC水平、Lg(HCV RNA)及肿瘤直径是丙肝病毒再激活的独立预测因素。最后,肝炎加重发生率与丙肝病毒再激活的关联性研究显示,HCV再激活组肝炎加重发生概率明显高于HCV未激活患者($P=0.01$)。结论:丙肝相关肝细胞癌患者接受TACE术增加病毒再激活风险,且低WBC水平、Lg(HCV RNA) ≥ 4 、肿瘤直径 ≥ 6 cm是发生HCV病毒再激活的独立危险因素,并且可能通过HCV再激活增加肝炎加重的风险。

Abstract: Objective: To investigate the effect of transcatheter arterial chemoembolization (TACE) on hepatitis C virus reactivation and hepatitis flare in patients with hepatitis C virus-associated hepatocellular carcinoma. Methods: The clinical data of patients who diagnosed with hepatitis C virus-associated hepatocellular carcinoma between January 1, 2013 and October 31, 2017 were statistically analyzed. Results: 156 patients with hepatitis C virus-associated hepatocellular carcinoma were enrolled in the study. A statistical study of the risk of reactivation of hepatitis C virus activity by TACE revealed that 74 patients with TACE surgery had 19 cases of hepatitis C virus reactivation, and 82 patients who did not undergo TACE had 6 cases of hepatitis C virus reactivation, and there was a statistically significant difference ($P=0.00$). Evaluation of the risk of reactivation of hepatitis C virus with TACE showed that HCV RNA reactivation occurred in 19 of 74 patients with TACE surgery. The preoperative WBC count in the HCV reactivated group was lower than the unactivated group, and there was a statistical difference between the two groups ($P=0.02$). Lg(HCV RNA) was different in the two groups, and patients with Lg(HCV RNA) ≥ 4 had a greater probability of virus reactivation than patients with Lg(HCV RNA) < 4 , and there was a statistical difference between the two groups (Fisher exact test $P=0.03$). Tumor diameter was different between the two groups, and the probability of virus reactivation in patients with tumor diameter < 6 cm was less than that of tumors ≥ 6 cm, and the difference was statistically significant.

($P=0.03$). Logistic multivariate regression analysis found that WBC levels, Lg (HCV RNA) and tumor diameter before treatment were predictors of hepatitis C virus reactivation. Finally, the correlation between the incidence of hepatitis and the reactivation of hepatitis C virus showed that the probability of hepatitis in the HCV reactivation group was significantly higher than that of HCV stabilization group ($P=0.01$). Conclusion: The patients with hepatitis C-related hepatocellular carcinoma receiving TACE increased the risk of viral C reactivation, and WBC level, Lg (HCV RNA), tumor diameter are independent risk factors for reactivation of HCV virus, and hepatitis may be increased by HCV reactivation increased.

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