Patient after 2 kidney transplants and cirrhosis

HP, male, born 1958

- 1991 renal failure due to chronic pyelonephritis
- 1992 NTX
- 1997 graft failure,
- 1998 second NTX
- 2003 renal cell carcinoma in the graft, graft removed - hemodialysis
- 2004 myocardial infarction, heart failure (EF 24%) 80% stenosis of RCA, coronary stents

- 2007 diagnosis of HCV infection during reevaluation for 3rd. NTX
- Nov.2008: NTX
- 2011: Ascites, Fibroscan 23.3 kP, repeated paracentesis, in 2014 almost every 2nd week
- 2014: spontaneous bacterial peritonitis. LTX evaluation, transplant team requests antiviral therapy (referral: 3/2014)

Available antiviral treatments in 2014

- PEG/RBV
- SOF/RBV
- PEG/SOF/RBV
- SOF + other (not licenced) DAA

Laboratory at start of antiviral treatment

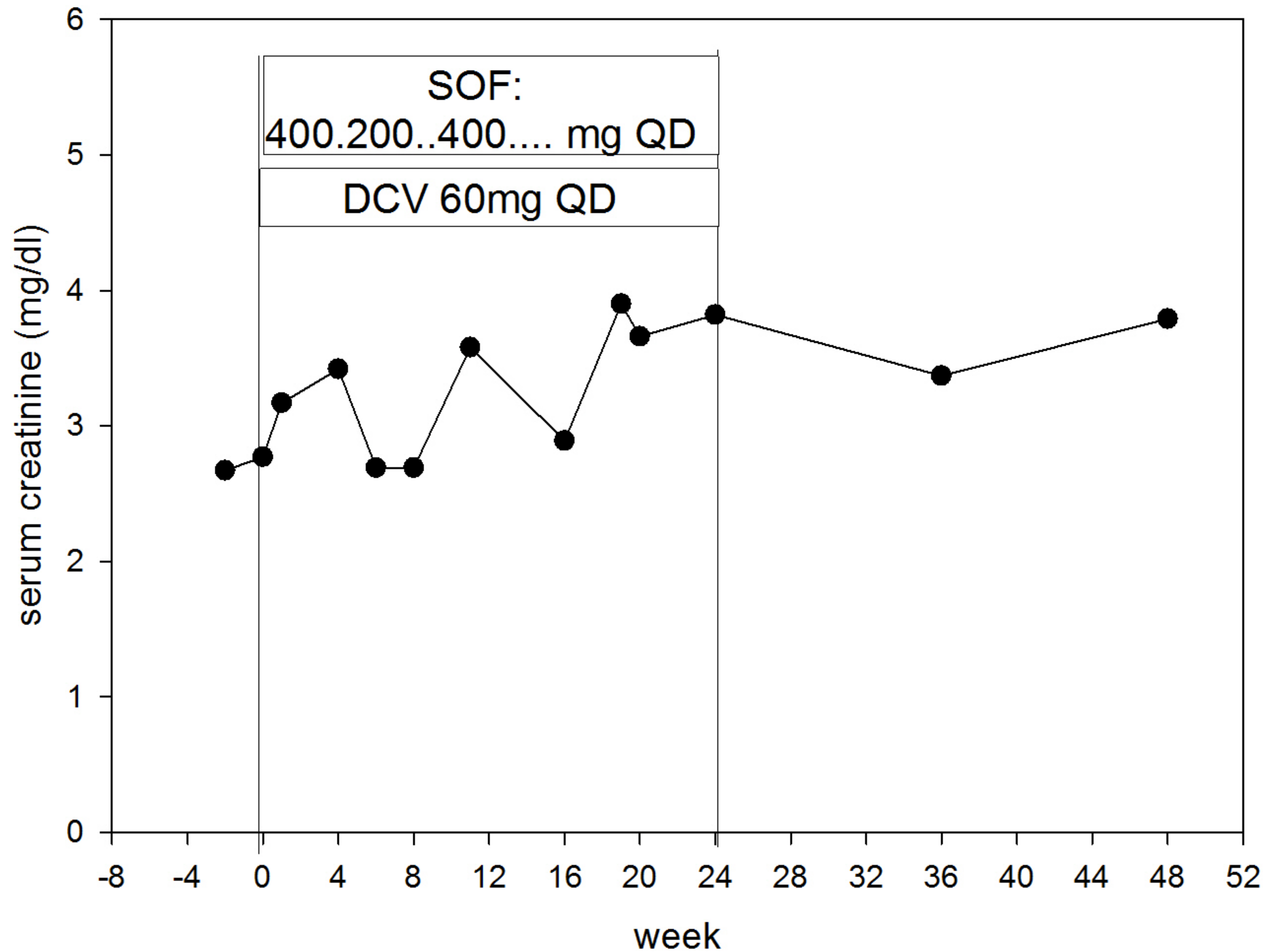
- ALT 53 IU/ml
- AST 66 IU/ml
- Creatinine 3.56 mg/dl
- GFR 18 mg/min
- Hb 16 g/dl
- Platelet count 121 G/l
- HCV: Genotype 1b+3a, VL: 586000 IU/ml

Antiviral therapy

- Start with 400 mg Sofosbuvir+60mg Daclatasvir/24 weeks (named patient program)
- SVR24

Course of treatment

- Week 2: intermittent right bundle block
- SOF reduced to 200 mg QD, full dose restarted 4 weeks later, and maintained until EOT
- No further problems on treatment, repeated paracentesis required

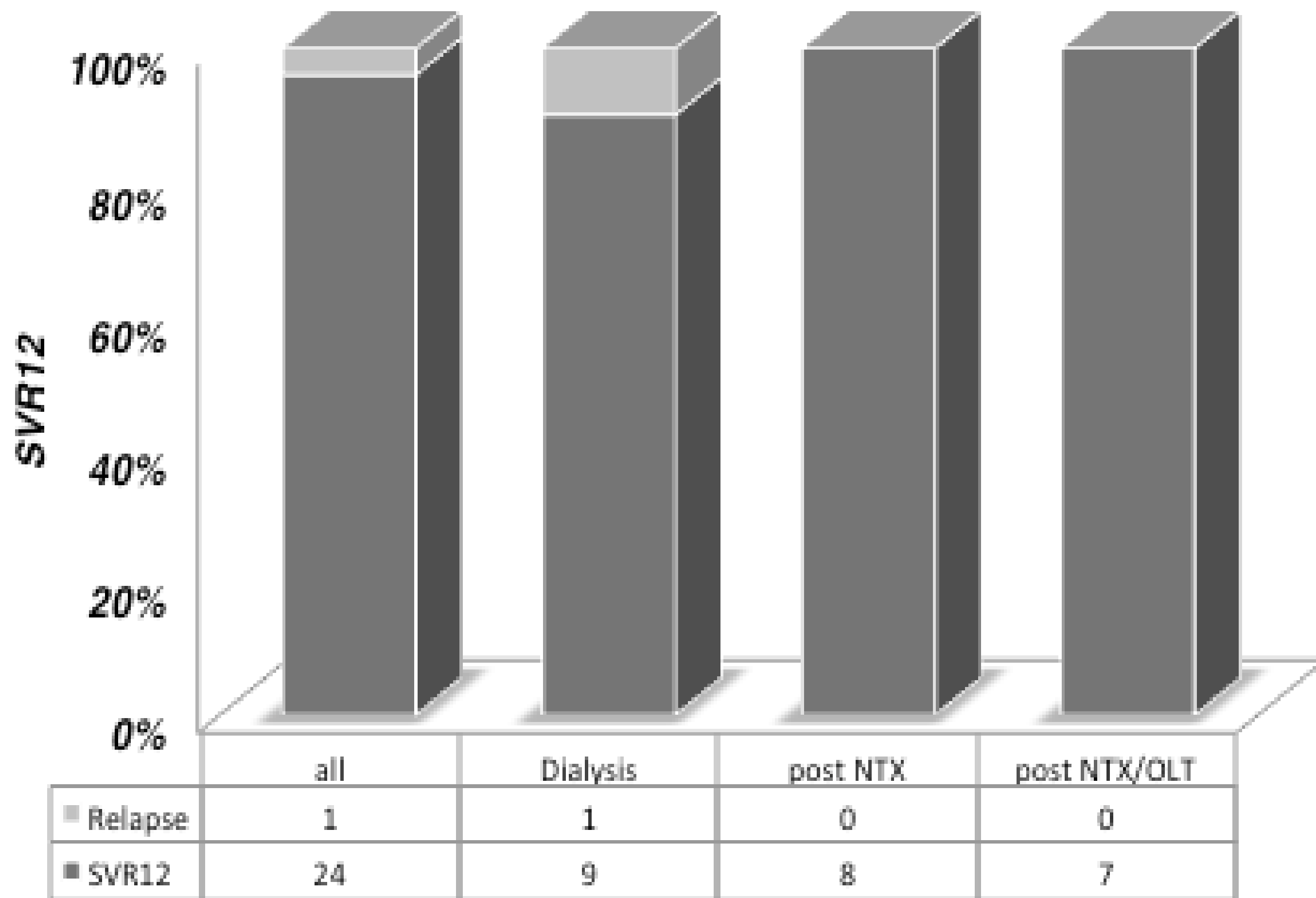

SOF:
400.200..400.... mg QD
DCV 60mg QD
serum creatinine (mg/dl)
week
0
1
2
3
4
5
6
-8
-4
0
4
8
12
16
20
24
28
32
36
40
44
48
52

- Follow up 3/15 (SVR24) to 3/16 (SVR 72)
- Recurrent chylous ascites,
- Liver function: Albumin, Bilirubin normal
- Renal function stable (Ccrea 10-20 ml/min)
- So far not transplanted (cause of ascites unclear)

Treatment of patients with impaired renal function with sofosbuvir containing regimens

	+ SIM	+ RBV	+ DVC	+ LDV	other
Underner et al	2/3	1/2			1/1
Kamar et al.	7/7	3/3	4/4	10/10	1/1
Singh et al.	4/4			4/4	
Nazario et al.	17/17				
Beinhardt et al.	8/8	1/1	13/13	1/1	1/1

No safety concerns, most patients were treated with full dose SOF


SVR12
100%
80%
60%
40%
20%
0%
all
Dialysis
post NTX
post NTX/OLT
Relapse
1
1
0
0
SVR12
24
9
8
7