Chronic Hepatitis and Hepatocellular Carcinoma — A New Perspective for an Old Issue

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In the past 30 years a major progress was recorded in the management of the liver diseases. At the beginning of the years 1990 we considered most of the liver cirrhosis as alcoholic, as the viral markers were not available. Later on, when the etiology of liver cirrhosis was better established, the reality showed that viral B and C cirrhosis was prevalent in our country.

After 1990 a rigorous screening was implemented for donated blood, which led to a dramatically decrease in the transmission of the B and C hepatic viruses. Another preventive measure introduced by the health societies was to increase the efforts to educate the general public about hepatitis C and B, so that the number of people infected by tattooing or razors has significantly decreased since a more coherent preventive policy was implemented in this respect. After 1990 the antiviral treatment (interferon and molecules) became available.

The paper "Predictors of hepatocellular carcinoma (HCC) in patients with liver cirrhosis" is addressing a very important topic, the etiology of liver carcinoma. This cancer is now the fifth most common type of cancer (in men) and the second leading cause of cancer-related death worldwide (1).

The results from the above-mentioned paper are in line with the current studied published in the literature, which showed the B and C viruses, together with the liver cirrhosis determined by them are the most important factors for the HCC.

The main risk factors for HCC include infection with B and C hepatitis viruses, liver diseases caused by alcohol consumption, aflatoxin exposure and non-alcoholic fatty liver disease (NAFLD). Less common causes include hereditary hemochromatosis, alpha1-antitrypsin deficiency, autoimmune hepatitis, porphyrias and Wilson's disease.

These results underline the need for a more focused approach in order to increase the surveillance of the patients with viral liver cirrhosis and also of the patients with chronic hepatitis B and C. More efforts should be made regarding the prevention of the hepatitis B and C. According to the current guidelines, the patients with liver cirrhosis should be screened and re-called for repeating examinations every 6 months.

One important and actual issue related to this topic is the antiviral treatment. Initiation and continuation of antiviral treatment for B virus and also for C virus lead to a significant decrease of the HCC rates in patients with B or C chronic hepatitis.

For example, the results recorded in patients with HCV without cirrhosis indicated that among those treated with interferon-based therapy that had a sustained viral response, the risk of hepatocellular carcinoma was reduced by 57 to 75% (2).

In the study "Predictors of hepatocellular carcinoma (HCC) in patients with liver cirrhosis" it would be interesting to correlate the presence of the HCC in the patients with liver cirrhosis with the viral load and presence of the AgHBe (in B positive patients), and to follow-up the patients who received antiviral therapy. Probably this could be a new research interest for the authors in the future.

References

1. Ferlay J, Soerjomataram I, Ervik M, Dikshit R, Eser S, Mathers C, Rebelo M, Parkin DM, Forman D, Bray, F.GLOBOCAN 2012 v1.0, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11. Lyon, France: International Agency for Research on Cancer; 2013. Available from: http://globocan.iarc.fr.
2. Gomes MA, Priolli DG, Tralhão JG, BotelhoMF.Hepatocellular carcinoma: epidemiology, biology, diagnosis, and therapies. RevAssoc Med Bras. 2013;59(5):514-24.

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