

## **PHIÊN 2: GHÉP GAN Section 2: Liver Transplantation**

### **VIÊM GAN C - TRƯỚC VÀ SAU GHÉP GAN**

#### **HEPATITIS C - BEFORE AND AFTER TRANSPLANTATION**

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Previously, HCV-associated liver failure and liver cancer were leading indications for liver transplantation in many parts of the world. Unfortunately, HCV recurrence was universal, and led to recurrent cirrhosis and graft failure. Cirrhosis recurred in 20-30% of patients within 5 years of transplantation. Interferon-based treatments were poorly tolerated and often ineffective. The introduction of direct acting antiviral (DAA) therapy for hepatitis C has had a dramatic impact on liver transplantation, with reduced numbers of patients being listed and transplanted for HCV-associated liver failure. Recurrent HCV post-transplant is no longer a significant problem as many patients can be successfully treated before transplantation, or early after transplantation. Long-term transplant survivors can also be effectively treated if they have not already developed decompensated cirrhosis. In the recent era, post-transplant survival for patients with HCV is now equivalent to other indications. HCV-positive donor livers can be safely transplanted into HCV positive and HCV negative recipients as long as patients have access to DAA treatment in the early post-operative period. This has the potential to significantly increase the number of available donor livers. HCV-associated HCC continues to be an indication for liver transplantation, and there is controversy around whether to treat these patients on the waiting list, or after transplantation.

HCV was also previously a significant issue in non-liver transplantation. Kidney transplant recipients had high rates of HCV, often related to HCV exposure through blood products or contaminated dialysis machines. Interferon-treatment was poorly tolerated before transplantation and contra-indicated after transplantation. DAA treatments have had a major impact on kidney transplant recipients, providing high rates of clearance of HCV in patients on dialysis or early after transplant. As with liver transplant, HCV positive kidney grafts have been used with excellent outcomes in both HCV positive and HCV negative recipients, leading to an increase in available kidneys for transplantation.