

## VIRAL HEPATITIS

### #P31 - Fibrosis is not regressed 5 years after HCV and HBV treatment, MAFLD can be the cause

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#### Background & Aims

Fibrosis index-4 (FIB-4) has been established as non-invasive test for identifying severe fibrosis or high risk of liver-related event in patients with chronic viral hepatitis. In metabolic associated fatty liver disease (MAFLD), FIB-4 had better diagnostic accuracy for estimation of liver fibrosis among serum markers. We aimed to assess fibrosis regression after viral eradication to understand fibrogenesis.

#### Methods

This partially retrospective partially prospective cohort was conducted on 100 patients (50 were chronic hepatitis C «CHC» received and finished direct acting anti-viral drugs and achieved sustained virologic response and 50 were chronic hepatitis B «CHB» started and still on nucleos(t) ide analogues with undetected viremia). Demographic, clinical, laboratory, radiological data, treatment regimens and virus status were recorded.

#### Results

Sixty five patients were male, mean age 49+/-12.08 years, mean duration after starting treatment 5.09+/-1.55 years. CHC patients, 84% received sofosbuvir and daclatasvir for 12 weeks, CHC patients, 78% receiving tenofovir. Thirty six were dyslipidemic, 7% diabetic and 4% hypertensive. Clinically, 59% were obese according to waist hip ratio (WHR). Mean waist circumference (WC) and WHR were 101.46+/-13.09 and 0.89+/-0.05 cm respectively. Mean alpha feto protein (AFP) pre treatment and at time of enrollment 50.99+/-277.38 and 24.15+/-126+/-72 ng/ml respectively. FIB-4 before treatment and at time of enrollment was 2.16+/-2.66 and 3.03+/- 4.05 respectively. Liver by ultrasound examination was homogenous in texture and bright echopattern in 95% of patients. CHC group were more diabetic with higher AFP and FIB-4 both before and at time of enrollment compared with CHB group. In CHC group, 34% dyslipidemic, 38% obese and FIB-4 before and at time of enrollment was 2.38+/-2.63 and 3.86+/-5.13 respectively. In CHB group, 38% dyslipidemic, 66% obese and FIB-4 before and at time of enrollment was 1.93+/-2.68 and 2.20+/-2.32 respectively.

According to FIB-4, patients with mild to significant fibrosis increased from 30 to 34% and patients with advanced fibrosis increased from 14 to 22% before and 5 years of treatment. Patients with progressed fibrosis fulfilling MAFLD criteria.

#### Conclusions

Fibrogenesis is a dynamic process and can be progressed in patients with chronic viral hepatitis even after viral eradication and suppression. MAFLD can be the cause.