

FIRST LINE SCREENING BY FIBROSCAN (TRANSIANT ELASTOGRAPHY) IN A POPULATION AT HIGH RISK FOR HCV INFECTION

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Background :

Patients who inject drugs (PWID) are at high risk for HCV infection and transmission. Unfortunately, they usually do not receive adequate care although they should be considered top-priority for HCV treatment. Furthermore, most of them are not aware of their HCV infection.

Currently, Belgian patients can access treatment if they show a significant fibrosis (Metavir \geq F2).

The aim of this study is to assess the efficacy of Fibroscan as screening procedure in first line care centers to improve PWID management.

Methods :

For 1 year, PWID from 3 first line care centers in Liège, Belgium, were offered Fibroscan. Those with unknown HCV status were also offered an HCV screening by Rapid Diagnostic Test (RDT).

Results :

92 Fibroscans were performed (acceptation rate of 58,9%).

55 patients (59,8%) reported HCV positivity prior to the study, 15 (16,3%) had a negative serological status. 22 patients (23,9%) had undetermined serological status prior to the study and 21 of them underwent a RDT. RDT was positive for 11 patients; 2 PCR were performed and were positive.

80,4% of the Fibroscans were reliable.

29 patients (32,6%) had significant fibrosis (Metavir \geq F2); among them 13 (44.8%) agreed to attend an outpatient hepatology clinic; 10 were HCV positive and 3 were HCV negative.

HCV treatment could be initiated in 5 out of the 10 HCV positive patients.

Conclusion :

Fibroscan is a useful, non-expensive, easy to handle, noninvasive tool to screen PWID for liver fibrosis.

Fibroscan combined with RDT should help to convince this reluctant population to accept adequate medical care and to refer HCV patients who are eligible for treatment to an outpatient hepatology clinic.

It is also helpful to refer patients with liver fibrosis due to other etiologies and globally improve PWID management.

Disclosure of interest :

The authors report no conflicts of interest

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