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Authors:
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Hepatitis with a multiple etiology in HIV-Positive men who have sexual relations with other men

M.ª Eulalia Valencia-Ortega¹, Silvia García-Bujalance² and Juan González-García³
¹Department of Internal Medicine-Unit of HIV, and ²Department of Microbiology and Parasitology. IdiPaz. Hospital Universitario La Paz. Madrid, Spain

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Correspondence: M.ª Eulalia Valencia-Ortega
e-mail: eulalia.valencia@salud.madrid.org

Dear Editor,

Acute hepatitis C virus (HCV) is now a major health problem, mainly in men who have sexual relations with other men (MSM) (1,2). Hepatitis E virus (HEV) causes sporadic cases of acute hepatitis (3,4). In this article, we describe two cases of acute hepatitis due to HCV with an interesting clinical progress.

Cases report
- Case report 1. Patient 1 was a 50 year old MSM with a HIV infection undergoing antiretroviral treatment (ART) with a chronic infection of the genotype 4 HCV (viral load 11,600,000 IU/mL and AST/ALT was 135/166 UI/mL). The patient was treated with sofosbuvir/ledipasvir + ribavirin for 12 weeks. HCV load was undetectable and transaminase levels were within normal limits after treatment. A large increase in HCV viral load (20,600,000 IU/mL) and AST/ALT of 317/404 UI/mL was observed 12 weeks after treatment and syphilis was diagnosed at the same time. HCV was subsequently genotyped as 1a and no resistance-associated variants were detected in NS5A, NS3 or
partial NS5B5 (4) and Sanger sequencing ruled out a mixed infection.

- Case report 2. Patient 2 was a 49 year old MSM with a HIV infection undergoing ART and tested negative for the HCV antibody. He presented with asthenia, AST/ALT at 186/347 IU/L, an anti-HCV+ limit and a HCV viral load of 5,830,000 IU/mL. After 4 weeks, the AST/ALT was 746/1462 IU/L, the 1a genotype was identified and a positive IgM against HEV was detected. The patient was diagnosed with simultaneous acute HCV and HEV infection, although the serum HEV-RNA PCR result was negative.

Reinfection by the same or different genotypes after the first HCV infection has recently been reported (5), mainly in at-risk cohorts. Simultaneous diagnosis of syphilis and variations in the genotype in patient 1 confirmed a new acute acquired infection due to unprotected sexual practices during or immediately after treatment for chronic hepatitis.

Patient 2 developed an acute coinfection of HCV and HEV. Even though the result of the HEV-RNA PCR was negative, the diagnosis can be assumed as HEV viremia is transient. On the other hand, positive anti-HEV IgM is detectable for 4-5 months and is the most reliable indicator of acute infection.

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References