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**Authors:**

Ana Gómez Outomuro, Miguel Fraile , María Torner

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Accepted Article

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**Acute seronegative hepatitis C: a case report**

Ana Gómez-Outomuro, Miguel Fraile and María Torner

Gastroenterology and Hepatology Department. Hospital Universitario Central de Asturias. Oviedo, Spain

**Correspondence:** Ana Gómez Outomuro

e-mail: anagomezoutomuro@gmail.com

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*Dear Editor,*

Although the incidence of acute hepatitis C virus (HCV) infection has decreased, its diagnosis continues to be difficult and can only be confirmed if seroconversion to anti-HCV antibodies is demonstrated (1). However, immunocompromised patients may be anti-HCV negative and HCV-RNA testing should be part of the initial evaluation (2).

**Case report**

We present two cases of immunosuppressed patients diagnosed with acute hepatitis C (AHC) who were HCV-antibody negative by HCV-RNA testing.

A 74-year-old female with rheumatoid arthritis under treatment with prednisone and leflunomide was admitted due to acute hepatitis that was attributed to pharmacological toxicity due to negative studies. A liver biopsy was performed due to the lack of improvement after drug discontinuation, which did not clarify the diagnosis.

A 43-year-old male that had received a kidney transplant, under treatment with tacrolimus, mycophenolate mofetil and prednisone, was evaluated due to impaired liver function tests with negative etiological studies.

Both patients were diagnosed weeks after the first evaluation via HCV-RNA testing, while antiVHC remained negative. They were successfully treated with direct action

antivirals (DAA).

### **Discussion**

Delayed anti-HCV seroconversion has been mainly described in HIV patients and in hemodialysis (3,4), although it may occur in any immunocompromised patient. In addition, the number of immunocompromised patients is growing day by day. As they maintain contact with the hospital setting, they are at greater risk of contracting hepatitis C. Fortunately, DAA drugs are safe (5) and treatment should therefore be considered.

In conclusion, we emphasize the importance of HCV-RNA testing in order to avoid unnecessary explorations as well as diagnostic and treatment delays.

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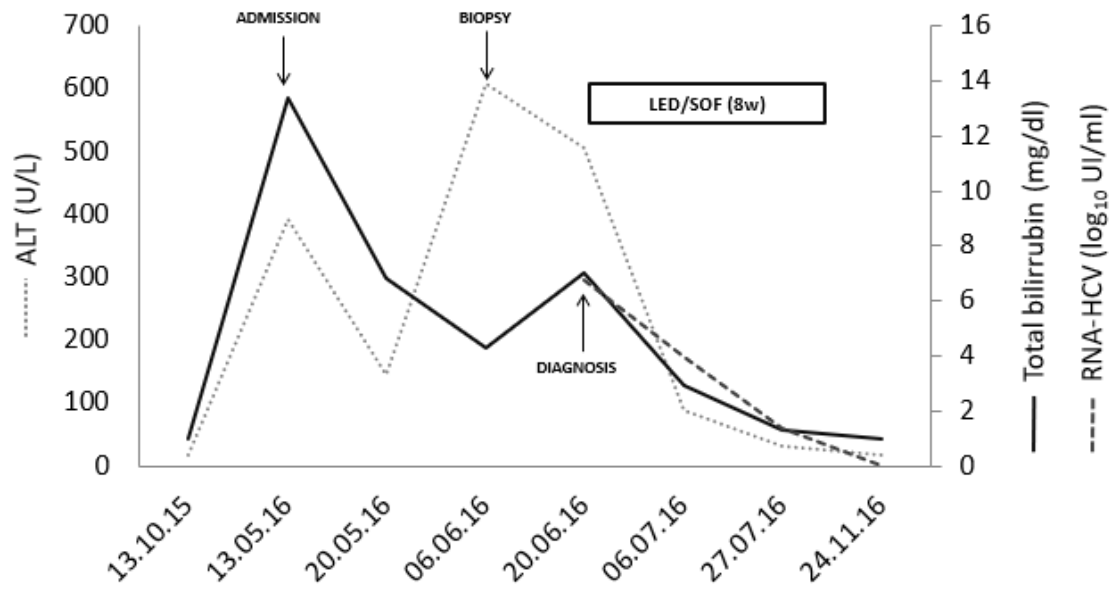


Fig. 1. Patient 1 evolution. ALT: alanine aminotransferase; HCV: hepatitis C virus; LED/SOF: ledipasvir/sofosbuvir; w: weeks.