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Successful evolution of morphea after hepatitis C virus eradication with direct-acting antiviral agent treatment

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Dear Editor,

We report the case of a 36-year-old, Equatorial Guinean female, who was referred due to the detection of anti-HCV antibodies. She was evaluated by a dermatologist 10 years previously due to the appearance of two plaques in the right inguinal region and thigh, which were identified as morphea via a biopsy. She received treatment with topic corticoids which was unsuccessful. She had also been referred to the rheumatologist due to joint pain. She was positive for anti-centromere antibodies, cryoglobulins and antinuclear antibodies (1/640). Systemic sclerosis was excluded due to a normal chest X-ray, echocardiography and capillaroscopy.

HVC genotype 1a with a low viral load was diagnosed. The patient was treated in 2001 with peg interferon and ribavirin without a response. Although there was no liver fibrosis by Fibroscan® (5.6 Kpa/F0-F1), the patient started a 12 week course of sofosbuvir/ledipasvir in October 2016, achieving a sustained virological response. The morphea plaques progressively lightened after three months of follow-up until they disappeared. The patient has been in remission for over one year.

Discussion

HCV infection has been associated with dermatologic conditions such as lichen planus and cryoglobulinemia. Recently, an association between HCV and systemic sclerosis has been reported. Morphea is a localized scleroderma characterized by a chronic and inflammatory involvement of the connective tissue that affects the skin and the underlying tissue. Although the etiology of morphea is unknown, a relationship with infections has been described. The role of the hepatitis C virus (HCV) in the pathogenesis of morphea is poorly understood. It has been suggested that virus replication in T and B cells stimulate the synthesis of collagen (1,2).

There are some reported cases of morphea healing in VHC patients (3). However, there are no data of the resolution after direct-acting antiviral (DAA) treatment. This is the first reported case of morphea and HVC that showed a clinical improvement after DAA treatment. These findings strengthen the association between both conditions.

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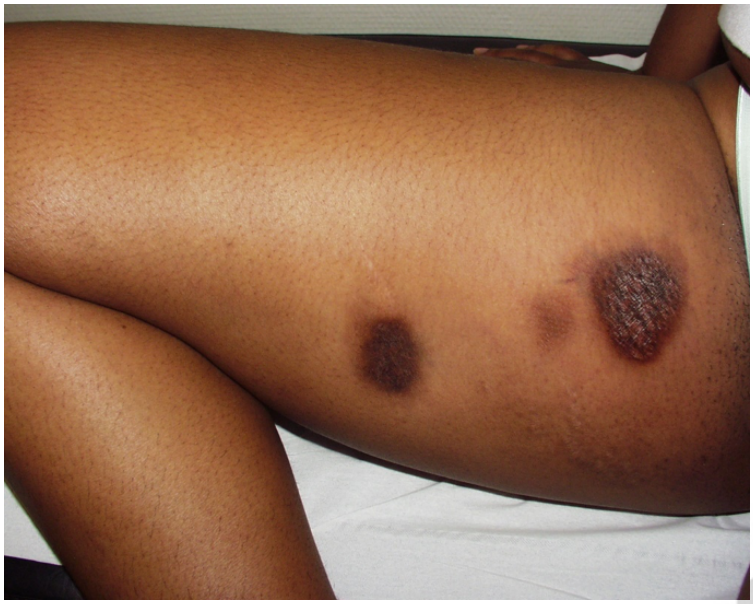

Fig. 1. Cutaneous lesions before treatment.