

Letter to the Editor

Occult Hepatitis C Virus Infection in Dialysis Patients: Does It Need Special Attention?

To the Editor,

We read with much interest the article by Dr. Khedmat and his colleagues entitled “*Hepatitis C Virus Infection in Dialysis Patients*” published in your prestigious journal.¹ Diagnosis, course and especially treatment of acute and chronic types of hepatitis C virus (HCV) infections in dialysis patients were investigated in this review article. A new type of HCV infection, called occult hepatitis C infection (OCI), has been introduced in databases, and we would like to add some points about the existence of this type of infection in hemodialysis (HD) patients.

OCI is defined by the presence of HCV RNA in the hepatocytes without detectable serum anti-HCV antibodies and viral RNA by usual laboratory tests. When liver biopsy is not available for determining HCV-RNA in the hepatocytes (i.e., gold standard method for the diagnosis of OCI), detection of HCV-RNA in ultra-centrifuged serum and in peripheral blood mono-nuclear cells can be used as an alternative diagnostic technique.² Minimal liver changes, liver cirrhosis and also liver carcinoma are the different reported effects of OCI on liver tissue. Until now, OCI has been reported in different groups such as family members of OCI patients, cryptogenic liver cases and even healthy people.^{2,3}

There are also some reports of OCI in HD patients.⁴ Barril et al, with evaluation of 109 HD patients with abnormal liver enzyme, revealed that prevalence of OCI may be high in

these patients. In addition, they showed that OCI can be a risk factor for mortality of HD patients.⁵ It is also said that both occult and non-occult HCV infection are even more common than hepatitis B infection in HD patients.^{6,7} In a recently published study, however, Baid-Agrawal et al reported that the prevalence of OCI is very low in chronic HD patients.⁸

These data recommend evaluation of OCI in HD patients as a screening method for improving the outcome of HD and kidney transplantation. However, it should be taken into account that data about the prevalence of OCI in HD patients and its treatment are limited. On the other hand, it is so clear that controlling HCV infection in HD units can improve the outcome of the HD and the kidney transplant patients.⁹ Therefore, further future clinical studies are still needed to clarify the effects of OCI on the HD patients.

Conflict of interest: None.

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Author's Reply

Reply from the authors is awaited.