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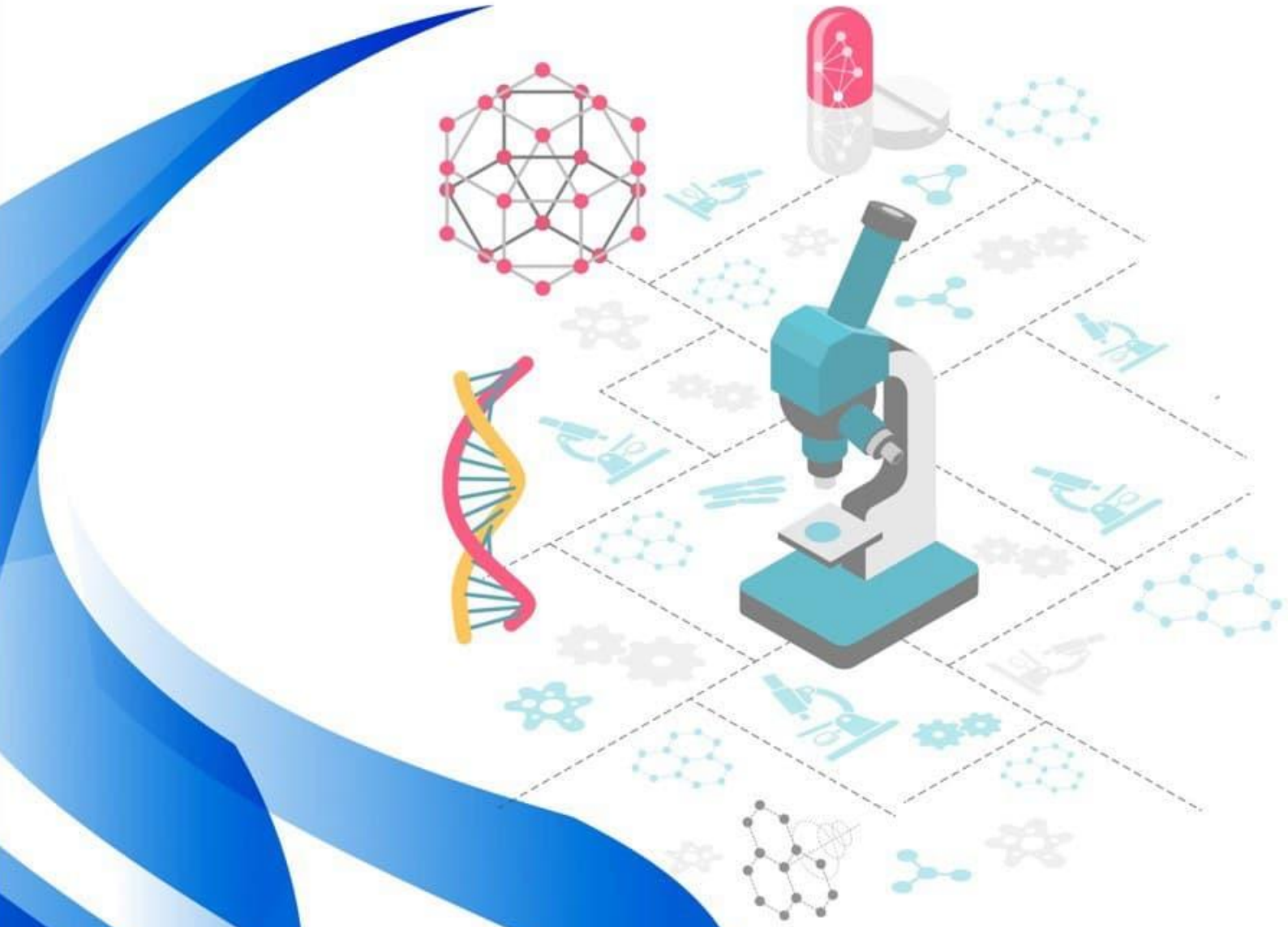

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DEVELOPMENT OF ANEMIA IN PATIENTS WITH CHRONIC HEPATITIS C ON THE BACKGROUND OF COMBINED ANTIVIRAL THERAPY

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Relevance. Chronic hepatitis C is one of the most common human infectious diseases. Hepatitis C virus infection is the leading cause of cirrhosis and liver cancer, which affects an estimated 80 million patients with chronic hepatitis C virus (CVHC) worldwide and kills about 0.7 million people annually, according to WHO. The use of combination antiviral therapy makes it possible to achieve improvements in patients with chronic hepatitis C, however, some patients develop side effects during treatment, a special place among which is occupied by anemia.

The development of severe hematological syndromes in patients during combined antiviral therapy (CPT) for CHC is a very urgent problem [2, 4, 5]. Among the most dangerous complications in this case, one can especially single out CBT-associated anemia [1].

Purpose of the study: to study the main aspects of the development of CPT-associated anemia in patients with chronic hepatitis C.

Material and methods. The study included 57 CHC patients who had indications for CBT. 50.9% of patients received ribavirin in combination with pegylated IFN-α (peg-IFN-α), and 49.1% in combination with "short" IFN-α. Determination of the content of erythrocytes in the blood and the concentration of hemoglobin (Hb) was carried out by the method of automatic hematological analysis. The serum concentration of endogenous erythropoietin (EPO) was studied by automatic chemiluminescent immunoassay (IMMULITE 2000, USA-Germany).

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Results and discussion. Completely completed the course of CBT 41 patients with CHC. Sustained virologic response (SVR) was achieved in 39 patients. Among those receiving pegIFN-α, the SVR rate was 55.17%; receiving "short" IFN-α - 82.1%. In 2 patients, therapy was discontinued after 8 weeks of treatment due to the development of severe hematological complications of CPT. In 14 patients with CHC, the absence of an early virological response was recorded, in 2 of them, the development of severe complications from the blood system was observed in parallel. According to the classification of the European Society of Medical Oncology, mild (Hb 10.0-11.9 g / dl), moderate (Hb 8.0-9.9 g / dl) and severe (Hb < 8.0 g / dl) degrees of anemia are distinguished. . In our case, the development of CBT-associated anemia was noted in 36.8% of patients, while a mild degree was noted in 12.28%; moderate - at 19, 3% and severe - in 5.26% of cases. All patients, depending on the minimum concentration of Hb (Hbmin), recorded for the entire period of CPT, were divided into three groups. Group 1 (n=35) included those whose Hbmin remained within the acceptable range. Group 2 (n=6) consisted of patients with mild CBT-associated anemia. Group 3 (n=12) included patients with moderate and severe CBT-associated anemia.

At the start of CPT, the average EPO level in the 1st group was 7.2±1.2 mU/ml, in the 2nd group - 12.3±2.1 mU/ml, and in the 3rd group - 30.7±5 .3 honey/ml. After the end of therapy, its level increased in all groups. However, the severity of the identified changes was ambiguous. So, in the 1st group, the average EPO level increased from the initial one by 7.7; in the 2nd - in 4.3; and in the 3rd - only 1.9 times.

Findings. The decrease in the peripheral blood of CHC patients in the partial pressure of O2 leads to a compensatory increase in the production of endogenous EPO. Under conditions of increased load on the erythron system due to the intake of antiviral drugs, the above mechanism of erythropoiesis regulation becomes

insufficiently effective, which may be one of the key points in the development of CPT-associated anemia.

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