Case Study Presentation

- F.W. is a 40 year-old male seropositive for HIV-1 with a CD4+ cell count of 271 cells ($CD4^+$%=12%), viral load is 26,244 copies/ml. Patient is naïve and baseline genotype indicates no transmitted resistance.

- Also infected with HCV (genotype 1A) through IVDU 9 years earlier. HCV viral load is 18×10^6 IU/ml. Liver biopsy shows fibrosis stage 2 of 4 (moderate fibrosis).

Case Study: Other Labs

- ALT= 51 U/L
- AST= 68U/L
- Total bilirubin = 0.5 mg/dL
- Alk Phos 152 U/L
- Albumin 4.2 g/dl
- WBC = 7.3 x 10^3/ul
- INR = 1.1
- Hgb = 13.9 gm/dL
- Platelet 194 X 10^3 /ul
- HBVsAg -neg
- HBVsAb - neg
- HBVcAb -neg

So what should be the first step in managing this patient?

Case Study

- Patient started on atazanavir/r + emtricitibine/tenofovir.
- In 6 months, CD4+ cell count is 457/ul and VL is undetectable.
- Patient is ready to start HCV treatment.
- What would be the best option?

Case Study

Patient is started on:

- Peginterferon alpha 180 ug/week
- Ribavirin 1200 mg QD (Pt weighs 80 kg)
- Telapravir 750 mg TID

Just prior to treatment:

- Hgb=13.7
- Total bilirubin = 1.7 mg/dl

Case Study

- At week three, patient comes in complaining of fatigue.
- What are the possible culprits?
- The Hgb is found to be 9.5 g/dL.

Now, what is the most likely culprit and the best plan of action?

Case Study

- Ribavirin dose reduced to 800 mg QD.
- Patient HCV is undetectable at weeks 4 and 12 (extended rapid virologic response).

Case provided through IAS-USA archives