

Combination of Peg-interferon... by Amarapurkar DN et al.

This study reports on the effect of treatment with Peg-interferon α -2b (PegIFN) and lamivudine in Indian patients with chronic liver disease related to HBV infection. In spite of the very limited number of patients enrolled, they were divided into 4 different groups according to the HBV serology (HBeAg positivity or negativity) and past history of IFN treatment (naïve or already treated with IFN without viral clearance). Treatment lasted for 6 months and response was defined as sustained clearance of the virus (SVR) 6 months after stop of the IFN administration. Intriguing was the observation that in all groups, SVR was quite remarkable varying between 50 to 60% with the only exception of HBsAg positive, previously treated subjects where percentage was somehow lower than 30%. Although the data are interesting, they suffer of intrinsic problems such as the minimal number of patients in each group (from a minimum of 5 to a maximum of 9) and the lack of histological diagnosis in an undefined percentage of cases. These limitations do not allow either a sound statistical analysis or the role, if any, of cirrhosis in SVR. In spite of the caveats, however, the study points to the need for a more stringent study for a possible role of PegIFN and lamivudine in the treatment of HBV-related liver disease. We hope that the next study(ies), performed following the standard randomization and a much more stringent admission criteria, will answer the still unsettled question if the double IFN+Ribavirin treatment may be beneficial in HBV-related hepatic as these data seem to suggest but for sure, do not demonstrate.

Hepatitis G virus RNA... by Wiwanitkit V

Hepatitis G virus (HGV) was recently described as a new member of the still growing family of hepatotropic viruses. This study retrospectively analyses the prevalence of HGV in blood donors as derived from the literature in the 1996-2000 period. The overall prevalence was about 5% with important racial vari-

ability being lower (3%) in Asian donors and higher (17%) in black donors. This conclusion has to be taken with great caution, however, since the number of screened subjects remarkably varies among the different studies. How can we compare data obtained from the screening of more than 1,000 subjects with those derived by less than 100 cases? It is not surprising that the higher the number of cases screened the lower the prevalence suggesting a bias intrinsic in the size of population tested. In addition, HGV has not yet reported to be associated with any liver damage and, therefore, the real questions arise: 1) do we really need to screen blood for HGV?; 2) is this cost-effective?; and 3) what should we do with blood samples positive for HGV? A rational answer can be obtained only once we will understand the role, if any, of HGV infection in the cellular events of liver cells. Obviously this answer must and will be provided by basic research.

Trends in liver disease prevalence... by Mendez-Sanchez N

Liver diseases are clearly a major social problem worldwide and the cost for their treatment is increasing also. In the Western world cirrhosis is present in more than 1% of the population and 3-5% of cases progresses yearly to hepatocellular carcinoma. Less severe clinical conditions, such as alcoholic or non alcoholic fatty liver, are booming and steatosis has been described in more than 60% of obese subjects. It is therefore clinically and socio-economically important to estimate how large will be the problem of chronic liver disease in the years to come. This study addresses this issue in the Mexican population by analyzing the mortality rate for cirrhosis observed in 2002 and extrapolating the data in the 2005-2050 period. Overall, the number of patients is expected to duplicate in 45 years with a clear increase of both alcoholic and non alcoholic liver disease. Time will tell whether this is the truth or is a mathematical and biostatistical elaboration. However the study points to the need of appropriate programs for prevention and better treatment of liver disease in Mexico and, by extrapolation, worldwide.

Histological spectrum of liver in HIV... by Amarapurkar AD et al.

The involvement of the liver during HIV infection is quite common, although clinically speaking this is not

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one of the priorities in the very serious condition related to viral infection. The paper by Amarapurkar critically revises the histological findings observed in the liver of 60 HIV patients who died and were autopsied. In line with previous reports, tuberculosis (TB) was found in more than half of cases while cirrhosis was found only in 3%. More informative was the histological examination where the prevailing lesion was granulomatosis (74%) or disseminated TB infiltration (20%). This indicates that TB is the leading cause of liver in-

volvement in HIV infection, confirming what observed at macroscopic examination. Other histological changes common in liver histology (fatty infiltration, inflammation, focal necrosis) were by far less common. Collectively this retrospective report confirms that HIV is not associated with a specific hepatic damage but rather, liver is involved in the complications of the infection, particularly TB in the Indian population. It also confirms that the hepatologist plays a negligible role in the treatment of HIV infection.