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Hepatology Highlights

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Peg Interferon alfa-2a plus Ribavirin
Bosques-Padilla F et al.

This study reports the data obtained in a limited number of Mexican patients enrolled in a much larger, multicenter study aimed to test the efficacy of combined treatment (Peg Interferon Alfa-2a plus Ribavirin) in the sustained response in HCV patient. A total 32 subjects were enrolled. Not surprisingly and fully confirmatory of the results obtained in previous series already reported, the overall sustained response (undetectable HCV RNA 6 months after the start of the treatment) was higher (54 *vs.* 33%) in patients receiving Peg Interferon alfa-2a as compared with those treated interferon Alfa-2b. Unfortunately, due to the very limited size of the series, no statistical analysis was performed thus preventing any sound conclusion on from this small, though homogeneous series. So, what can we conclude from this "regional" study? That Mexican HCV positive population is not different from the rest of the world as far as responsiveness to Peg Interferon and Ribavirin is concerned, and that Peg Interferon and Ribavirin is the treatment of choice in HCV-related liver disease. Although these conclusions are minimal and fully confirmatory of larger studies, it is hoped that they may prompt to a more extended study where the comparison in the response rate between the two types of Peg Interferon (Alfa-2a and Alfa-2b) may be addressed and clarified.

Liver Transplantation for Wilson's Disease:
Podgaetz et al.

This paper reports on the experience of one Mexican Liver Transplantation Center in the treatment by orthotopic liver transplantation of Wilson's disease (WD). Over a period of 3 and half years, 2 patients with the disease, accounting for less that 10% of the cases, were transplanted. Both patients improved substantially in terms of overall liver function and supposedly, as data are not provided, also in the copper-related indices (ceruloplasmin, urinary copper excretion); they were still well compensated after the rather short follow-up period. The real question raising from this and previous studies is how liver transplantation reverses the molecular defect at the basis of WD. In other terms, is liver transplant a palliative treatment for the liver insufficiency and, most important neurological damage associated with WD or is a definitive treatment of the disorder? Since every liver center is facing very difficult time in selecting whose patients should be considered for transplant due to the huge discrepancy between number of potential recipients and donors, we need to define whether this major treatment may be successful over a long period of time. Whether this is true for WD remains totally unsettled. Therefore, this indication has to be carefully and critically considered.

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