

Abstrak

Perubahan Tingkat Fibrosis Hati Pada Hepatitis C Kronik Pasca Terapi *Direct Acting Antiviral*

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Latar Belakang

Infeksi hepatitis C kronik merupakan masalah kesehatan global yang berpotensi menyebabkan sirosis hati dengan prevalensi yang makin meningkat pada usia produktif. Terapi *Direct Acting Antiviral* (DAA) menunjukkan efikasi tinggi dalam eliminasi virus hepatitis C, tetapi dampaknya terhadap perubahan tingkat fibrosis hati masih belum sepenuhnya dipahami. Penelitian ini bertujuan untuk menilai perubahan tingkat fibrosis hati jangka panjang (≥ 48 minggu) pada pasien hepatitis C kronik pasca terapi DAA (Sofosbuvir 400 mg + Daclatasvir 60 mg).

Metode

Penelitian retrospektif observasional di RSUP Dr. Sardjito antara januari 2020 hingga Agustus 2024 pada subjek pasien hepatitis C pan-genotype yang telah tercapai SVR 12 pasca terapi DAA (SOF/DCV) dan berada atau melewati 48 minggu pasca akhir terapi DAA. Analisa bivariate dengan uji wilcoxon, mann whitney dan t test. Analisa multivariate menggunakan uji regresi logistik berganda .

Hasil

Dari 44 subjek penelitian pasien HCV pasca terapi DAA (SOF/DCV) terdapat penurunan proporsi fibrosis hati sebanyak 39% dari baseline fibrosis awal terapi ($P < 0,001$). Didapatkan penurunan signifikan median liver stiffness, skor APRI dan FIB-4 ($p < 0,05$). Terdapat penurunan proporsi sirosis sebesar 42% dari baseline awal terapi. Analisis multivariate didapatkan skor FIB-4 awal terapi merupakan variabel independen yang dapat memprediksi penurunan tingkat fibrosis secara sedang (adj OR 0,46; CI 0,43 – 0,96; $p = 0,03$)

Kesimpulan

Terdapat perbaikan tingkat fibrosis hati pada pasien hepatitis C kronik pada evaluasi jangka panjang (≥ 48 minggu) pasca akhir terapi DAA (SOF/DCV) dan FIB-4 awal terapi merupakan variabel independent terjadinya perbaikan (adj OR 0,46; CI 0,43 – 0,96; $p = 0,03$)

Kata kunci: hepatitis C kronis; terapi DAA(SOF/DCV); skor FIB-4; perbaikan fibrosis hati.

Abstract

Changes in Liver Fibrosis Stages in Chronic Hepatitis C Post-Direct Acting Antiviral Therapy

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Background

Chronic hepatitis C infection is a global health issue that has the potential to cause liver cirrhosis, with increasing prevalence among the productive age group. Direct Acting Antiviral (DAA) therapy has shown high efficacy in eliminating the hepatitis C virus, but its impact on changes in liver fibrosis stages is still not fully understood. This study aims to evaluate long-term changes (>48 weeks) in liver fibrosis levels in chronic hepatitis C patients post-DAA therapy (Sofosbuvir 400 mg + Daclatasvir 60 mg).

Methods

A retrospective observational study at RSUP Dr. Sardjito from January 2020 to August 2024 on subjects with pan-genotype hepatitis C patients who achieved SVR 12 post-DAA therapy (SOF/DCV) and were at or beyond 48 weeks post-DAA therapy completion. Bivariate analysis was performed using the Wilcoxon, Mann-Whitney, and t-tests. Multivariate analysis using multiple logistic regression test.

Results

A total of 44 chronic HCV patients post DAA therapy (SOF/DCV) underwent evaluation of fibrosis changes. From 44 study subjects, there was a 39% reduction in the proportion of liver fibrosis from the baseline fibrosis at the start of therapy ($P < 0.001$). A significant decrease in median liver stiffness, APRI score, and FIB-4 score was observed ($p < 0.05$). There was a 42% reduction in the proportion of cirrhosis from the initial therapy baseline. Multivariate analysis revealed that the initial FIB-4 score of therapy was a moderate independent predictor variable for reduction in fibrosis stages (adj OR 0.46; CI 0.43 – 0.96; $p = 0.03$).

Conclusion

There is an improvement in liver fibrosis levels in patients with chronic hepatitis C in long-term evaluations (≥ 48 weeks) after the end of DAA therapy (SOF/DCV), and the initial FIB-4 therapy is an independent variable for the occurrence of improvement (adj OR 0.46; CI 0.43 – 0.96; $p = 0.03$).

Keywords: Chronic hepatitis C; DAA therapy (SOF/DCV); FIB-4 score; liver fibrosis improvement.