

THE AVAILABILITY OF A PORTABLE “FIBROSCAN” IN A MOBILE UNIT FOR HEPATITIS C TREATMENT IMPROVES QUALITY OF CARE

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Background:

To increase efforts towards elimination of hepatitis C (HCV) in people who use drugs we offer a comprehensive all-inclusive low- barrier treatment model. We utilize a portable fibroscan in a mobile unit that travels to coordinated appointments for the patient. The current study presents data on the correlations of fibrosure with fibroscan in a subgroup of patients with chronic active hepatitis C.

Methods:

In order to avoid misclassification of patients with liver cirrhosis, requiring hepatocellular carcinoma (HCC) screening, we performed fibroscan on 86 patients with chronic active hepatitis C in three different groups: group 1: patients with platelet counts <150k, and fibrosure <0.74; group 2: patients with fibrosure 0.58 to 0.74; and group 3: having platelets >150k and fibrosure >0.74.

Results:

Group 1: out of 46 patients with platelets <150k and fibrosure less than F4, fibroscan confirmed cirrhosis in 29 patients (63%); group 2: out of 37 patients with F3 on fibrosure, fibroscan confirmed liver cirrhosis in 19 patients (51%); and group 3: patients with fibrosure indicating cirrhosis with platelet counts >150k, fibroscan confirmed cirrhosis in only 11 (55%) out of 20 patients. Finally, out of the 15 patients who had platelets <150 k and fibrosure not consistent with cirrhosis, fibroscan suggested cirrhosis in 11 patients (73%).

Conclusion:

By simplifying accessibility and testing procedures we are able to better classify patients with cirrhosis who will acquire lifelong screening for HCC after hepatitis C treatment. Elastography is required for patients with platelets <150k and fibrosure <0.74, and those classified as F3 on fibrosure, as well as those with platelets >150 k and fibrosure >0.74.

Disclosure of Interest Statement:

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