





THE INTERNATIONAL LIVER CONGRESS[™]

19-23 APRIL, AMSTERDAM, THE NETHERLANI



¹ Istituto Superiore di Sanità, Rome, ²Centro MASVE, Florence, ³Seconda Università di Napoli, ⁴Università di Napo ⁷Università degli Studi, Bologna, ⁸Ospedale G. Da Procida, Salerno, ⁹Ospedali Riuniti Villa Sofia-Cervello, Palermo, ¹⁰Azienda Ospedaliera Universitaria Pisana, ¹¹Azienza Ospedaliera Universitaria, Verona, ¹²Università di Milano, ¹³Arcispedale Santa Maria Nuova, Reggio Emilia, ¹⁴AOU Policlinico Sant'Orsola Malpighi, Bologna, ¹⁵Università La Sapienza, Rome, ¹⁶Università Tor Vergata, Rome, ¹⁷Università degli Studi di Cagliari

BACKGROUND

Crioglobulinemic vasculitis (CV) is a both autoimmune and lymphoproliferative disease, clinically benign, sometimes with a severe presentation, but possibly evolving into lymphoma. Mixed cryoglobulins (CGs) are immune reversibly that when the complexes precipitate temperature is lower than 37°C and that consist of IgM with rheumatoid factor (RF) activity. Most CV patients are HCV positive (70-90%) and conversely 40-60% of HCV infected patients produce CGs of whom 5-30% with symptomatic CV. For this pecularities in the clinical manifestation and in the diagnostic criteria MC remain an elusive disease.

AIM

The aim of this study was to evaluate :

- 1) the diagnostic approach of MC in a wide real life cohort of Italian patients with HCV chronic infection
- 2) clinical profile
- 3) results of DAA treatment of MC in consecutive patients enrolled in PITER framework

METHODS

Total patients of the cohort: 8005

Total evaluated HCV⁺ patients: 1678 (21%) 771 (46%) tested positive for MC

266 (34%) MC had typical symptoms and were considered as confirmed MCS

496 (66%) patients have asymptmatic crioglobulinemia (MC+)

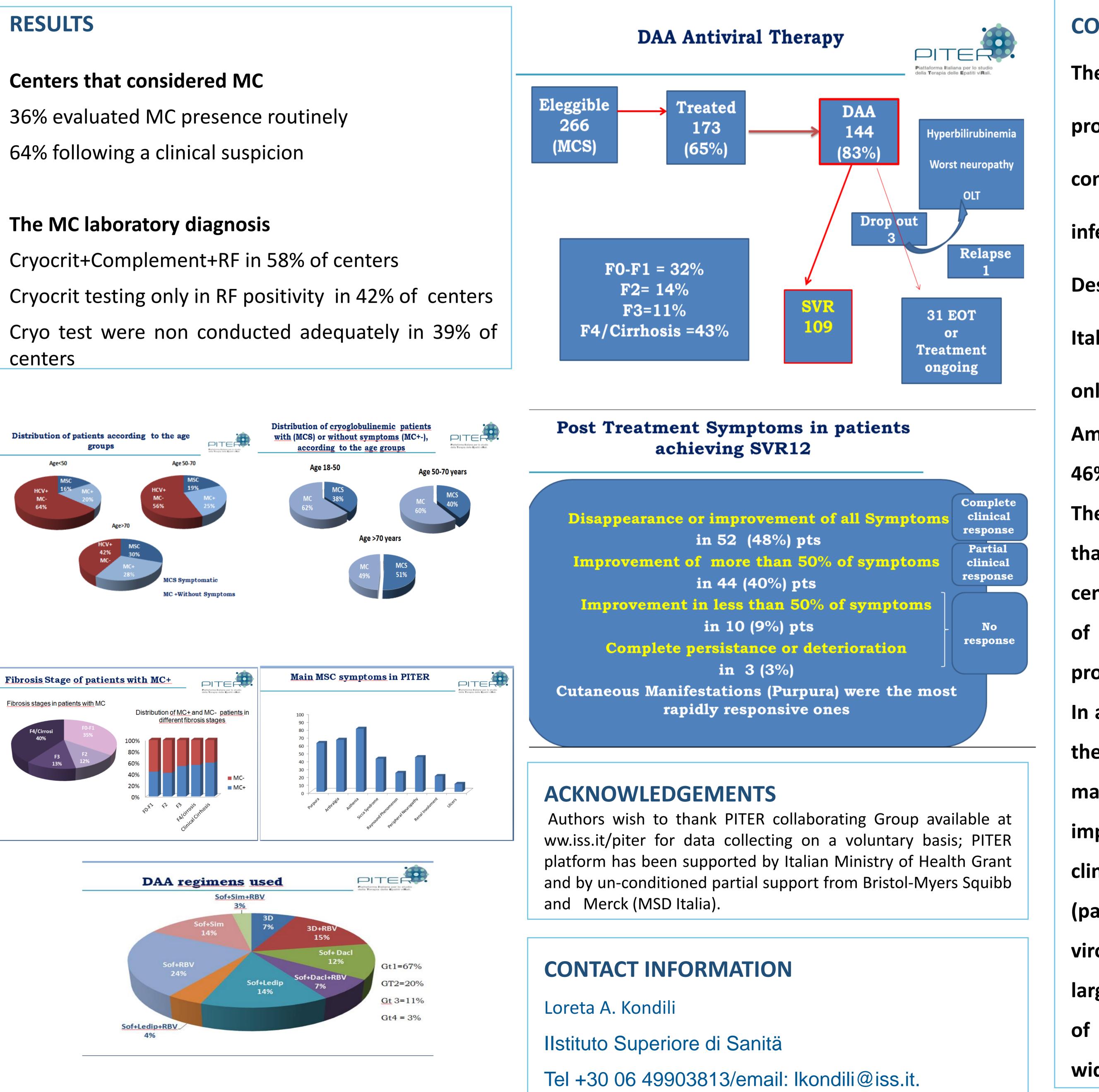
907 (54%) patients tested negative for MC (MC-)

A specific questionnaire regarding clinical and laboratory diagnostic approach of MC and related symptoms was applied.

Results of DAAs treatment of HCV chronic infection in patients with MC were also reported.

Diagnostic and Therapeutic Approaches of Mixed Cryoglobulinemia in PITER cohort

LA.Kondili¹, M.Monti², G.B.Gaeta³, V.Rizzo³, G.Borgia⁴, E.Zappulo⁴, L.Chemello⁵, M.Vinci⁶, S.Palladini⁶, P. Andreone⁷, M.Margotti⁷, M.Puoti⁶, E.Danieli⁶, M.Persico⁸, M.Masarone⁸, S.Madonia⁹, M.R.Brunetto¹⁰, B.Coco¹⁰, D.Ieluzzi¹¹, N.Passigato¹¹, M.G.Rumi¹², V.Sciola¹², M.Massari¹³, G.Mazzella¹⁴, G.Lazzarini¹⁴, G.Taliani¹⁵, E.Biliotti¹⁵, M.Andreoni¹⁶, C.Cerva¹⁶, A.Alberti⁵, M.Gonzo⁵, L.Chessa¹⁷, M.C.Pasetto¹⁷, A.Federico³, M.Dallio³, M.G.Quaranta¹, L.E.Weimer¹, S.Vella¹, A.L.Zignego²







CONCLUSIONS

first Italian The present, ongoing study, is a the prospective, multicentric, analysis real-practice conducted on a wide population of HCV-chronically infected patients.

Despite the importance and the clinical relevance, in the Italian real practice, the presence of MC was evaluated only in about 20% of patients.

Among those, the rate of patients carrying CGs is about 46% of whom 34% have typical symptoms.

The variability of MC diagnostic approach, suggesting that the CM presence is underestimated, and in the centers where it is not routinely assessed, the percentage MC patients showing clinical manifestations is probably overestimated.

In a subgroup of patients treated with DAA that reached the SVR12, the preliminary results showed that: the great experienced majority disappearance or an improvement of all the baseline symptoms (complete clinical response) or of at least 50% of initial symtoms (partial clinical response). The good clinical and virological results of DAA-based therapy, in this very large, real-life population, further stress the importance of a better appraisal of this condition and consequent wider treatment.