# CLINICAL CASE Management of a patient with HCV related vasculitis

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### Introduction

- Greater than 70% of mixed (II, III) cryoglobulinemic patients are associated with HCV RNA
- HCV triggers an immune response but most cases are asymptomatic
- Clinical relevant disease include neuropathies, cutaneous ulcers, arthropathies, renal failure, and vasculitis
- DAAs are highly likely to achieve SVR and restoration of immune system
- Advanced stages of the MC-vasculitis require additional pharmacotherapy, e.g. Rituximab, to achieve remission of the vasculitis in spite of SVR



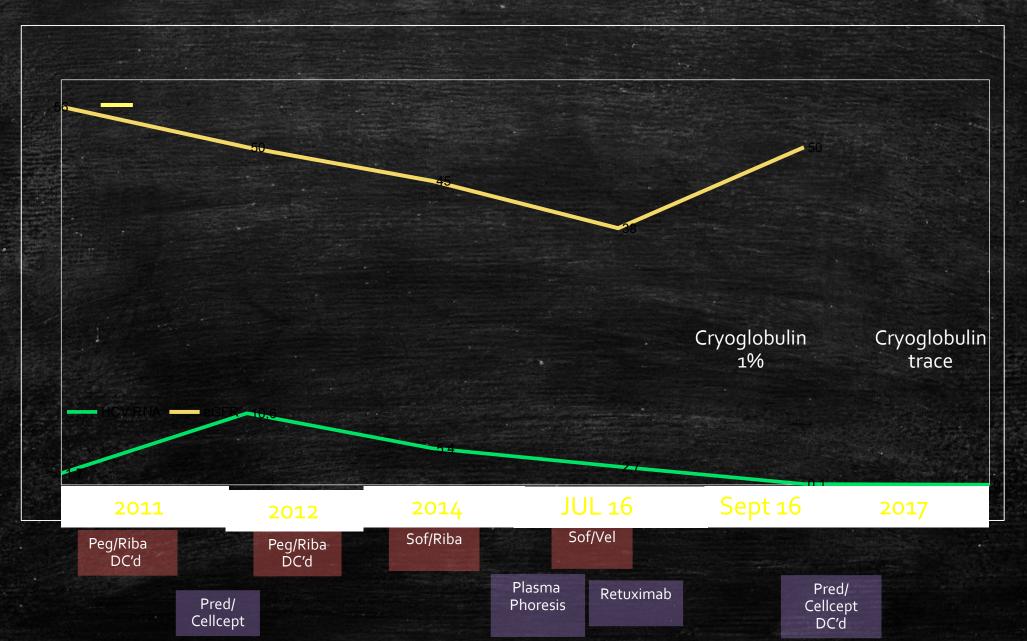




- 68 y/o Venezuelan Woman
- 2008 Dx'd "vasculitis", had cutaneous mottled lesions on lower extremities
- Dx'd HCV 2011, GT 2a/2c, when she was hospitalized with nephrotic syndrome
- Rx'd peg/riba, Tx'd 3u blood
- Kidney Bx: membranoproliferative glomerulonephritis
- Liver Bx: chronic hepatitis, G2 S1
- 2012 Retreated with peg/riba eryropoetin but had to be stopped again
- 2012-2014 pred + cellcept

#### 2014 Sofosbuvir/Riba + HCV RNA Neg

- GI bleeds and anemia
- RX'd stopped, HCV RNA relapsed
- EGD disclosed duodenal mass, bx eos fibrin+ thrombi
- 2016 renal failure
  - Repeat Kidney biopsy: membranoproliferative G, intravascular pseudo thombi
  - Retuximab, 8 courses of plasmaphoresis
- 2016 sofosbuvir/velpatasvir for 12 weeks
  - Achieved SVR discontinued Pred
  - Retuximab until 2017
- Currently has mild fatigue, no evidence of cutaneous vasculitis



- 66 y/o boat captain in Key West, Florida
- Dx Chronic hepatitis C
- GT 1a
- Stage III fibrosis
- Relapsed following Rx Sof/LDV
- Developed arthralgia and cutaneous vasculitis
- Retreated, G/P achieved SVR, cutaneous vasculitis persists but he feels improved.



# SVR



### Conclusion

In spite of DAA associated SVR, Mixed Cryoglobulinemic-vasculitis may persist and require additional pharmacotherapy such as Rituximab to ultimately achieve remission.

# Acknowledgement

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