HCV-associated cryoglobulinemia vasculitis: are its days numbered?

We read with great interest the article by Saadoun et al who investigated the efficacy and safety of a 24-week treatment with sofosbuvir and ribavirin in a small, open-label and uncontrolled study of patients with hepatitis C virus (HCV)-associated cryoglobulinemia vasculitis. However, the limitations of the VASCUALDIC study diminish the validity of the conclusions, although we agree with the authors that it would be unethical to delay effective antiviral therapy given the established role of HCV in the development of cryoglobulinemia vasculitis and its unfavourable prognosis.

As expected, the rate of sustained virological response (SVR) was comparable with that identified in previous phase III studies, with few adverse events. Therefore, direct-acting antivirals have the potential to be the basis for a large expansion in the number of persons treated. Mathematical models suggest that even a modest increase in treatment coverage can result in a reduction in the HCV prevalence. According to current estimates, a 90% reduction in total HCV infections within 15 years is feasible in many countries studied, but increased capacity for screening and treatment will be critical to achieving this aim. Wider treatment coverage of patients with HCV infection using very effective and safe direct-acting antivirals may have a profound effect on the epidemiology of HCV-associated cryoglobulinemia vasculitis and other extrahepatic manifestations of HCV infection. Over the last decade, vaccination against HBV infection was associated with a significant decrease in the incidence of polyarteritis nodosa (PAN). In the year 2000, a prevalence of PAN in the French urban multiethnic population exceeded that of granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA) and eosinophilic GPA (EGPA). We lack reliable evidence on the current epidemiology of PAN. However, investigators from 129 centres in Europe, North America and the rest of the world were able to enrol only 142 patients with PAN in the Diagnostic and Classification Criteria in Vasculitis Study versus 901 patients with GPA, 432 patients with MPA and 324 patients with EGPA (as of March 2016). We can expect that a wider treatment for HCV infection may lead to a similar reduction in the prevalence of HCV-associated cryoglobulinemia vasculitis, at least in countries that can afford the high cost of antiviral therapy.

In conclusion, the Saadoun et al’s study has important implications for rheumatologists and confirms that treatment for HCV infection should be a priority in patients with HCV-associated cryoglobulinemia vasculitis. The ability of antivirals to cure cryoglobulinemia vasculitis should not be overstated, as a significant proportion of patients (up to one-third in this study) still require immunomodulatory or immunosuppressive therapy to achieve remission. Therefore, rituximab will continue to play an important role in the treatment for HCV-associated cryoglobulinemia vasculitis, particularly where severe kidney or nervous system disease is present.

Sergey Moiseev, Pavel Novikov, Nikolay Mukhin
Clinic of Nephrology, Internal and Occupational Diseases, Sechenov First Moscow State Medical University, Moscow, Russia

Correspondence to Professor Sergey Moiseev, Clinic of Nephrology, Internal and Occupational Diseases, Sechenov First Moscow State Medical University, Rossolimo, 11/5, Moscow 119435, Russia; clinpharm@mtu-net.ru

Competing interests None.

Provenance and peer review Not commissioned; internally peer reviewed.

To cite Moiseev S, Novikov P, Mukhin N. Ann Rheum Dis Published Online First: [please include Day Month Year] doi:10.1136/annrheumdis-2016-210636
Accepted 4 October 2016
Ann Rheum Dis 2016;

REFERENCES


