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Letter to Editor

Hepatocellular carcinoma in patients with B and C virus hepatitis without cirrhosis



Dear Editor,

Hepatocellular carcinoma (HCC) is the most frequent liver tumor and the third leading cause of death worldwide. In general, it is associated with cirrhosis, however 20% of patients with HCC have no cirrhosis.¹

HCC in non-cirrhotic (HCC-NC) patients represents a challenge for physicians. There are no recommendations for including the majority of these patients in protocols for early screening for HCC and they are usually diagnosed in later stages of this tumor.

Chronic hepatitis B (HBV) and C (HCV) viruses are considered the main etiologies of HCC-NC patients. The estimated prevalence is around 15–20% of the cases in areas of high prevalence.² However, the prevention and treatment for B and C hepatitis have become more effective and this scenario is changing around the world.

We evaluated the frequency of HCC-NC at a reference center for liver disease in Northeast Brazil, where the prevalence of B and C is low.³

The study included 172 cases of HCC, which were diagnosed according to international criteria,⁴ and 16.2% (28) were HCC-NC. B and C virus were associated with 39.3% of the cases: 28.6% with HCV and 10.7% with HBV. The remaining HCC-NC cases were associated with alcohol consumption, nonalcoholic steatohepatitis, and cryptogenic disease.

In patients with HCC-NC related to B and C virus the mean age was 62.36 ± 11.8 years and 82% of the cases were male. In 73% (19) of the tumors presented as single nodules and with a mean size of 5.35 cm.

These findings show the relevance of HCC-NC related to HCV and HBV in an area of low prevalence of these virus. Improving the management of HCC in these non-cirrhotic patients is rather challenging and there is a need to discuss a surveillance protocol to screen for HCC in these patients.

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Conflicts of interest

The authors declare no conflicts of interest.