



## **CASE RECOMMENDATION FORM**

**ECHO Session Date:** 8/21/2024

**Presenter Credentials:** DNP, FNP

### **Case Summary:**

47-year-old woman with history of abnormal liver enzymes and HCV with no prior treatment. Previously incarcerated. History of bipolar disorder, ADHD, anxiety/PTSD, depressed mood, and opioid use disorder via injection. Last opioid use was in 2017. BMI of 36.9. Hepatitis A immune. Hepatitis B negative and not immune. Complete abdominal ultrasound performed: "Liver shows coarse echogenicity. No liver masses identified. No intrahepatic biliary ductal dilatation. The normal caliber portal vein demonstrates normal directional flow... SPLEEN: Measures 13.4 cm. Homogenous echotexture... Impression: Coarse hepatic echotexture which can be seen in the setting of chronic hepatocellular disease. No focal hepatic lesions. Mild splenomegaly. No ascites." Labs: WBC 5.68, HGB 16.3, HCT 48.7, Platelets 165, Creatinine 1.00, GFR 70, Glucose 94, Total Prot 9.1, Albumin 5.0, ALP 91, AST 39, ALT 30, T. Bili 0.5, AFP 4, APRI 0.514, FIB-4 2.03, A1c 5.8, TSH 84.1, T4 0.2, HIV negative, HCV RNA 16,171,682, HCV Genotype 1a or 1b Pt is following up with pulmonology for COPD and hx of thoracentesis and diffuse granulomas in lungs. Due to her mild splenic enlargement and the appearance of her liver on US, I am planning to treat her as a compensated cirrhotic despite otherwise reassuring labs (pending INR). 1. Continue Hep B vaccination series 2. Consult with pulmonologist about how her lung condition may interact with my treatment plan. 3. If there are no additional concerns, treat with Glecaprevir (300 mg) / pibrentasvir (120 mg) to be taken with food for a duration of 8 weeks.

### **Central Question:**

Is this an appropriate HCV treatment plan for this patient? When should I insist on obtaining transient elastography vs when is it acceptable to rely on US, APRI, CTP, & FIB-4 alone?

### **Recommendations:**

#### Hepatitis C Management:

- Proceed with an 8-week HCV treatment plan (Glecaprevir/pibrentasvir).
- Consider Fibroscan or Fibrosure for liver assessment due to her chronic HCV history and borderline LFTs.
- If Fibroscan is unavailable, Fibrosure can be a reasonable alternative.
- Reevaluate liver status post-treatment to assess need for long-term abdominal ultrasound & AFP monitoring.

#### Liver Function and Fibrosis Risk:

- Consider advanced fibrosis due to lab results and imaging showing potential metabolic fatty liver disease.
  - Address risk factors for fibrosis, including weight management, due to presence of pre-diabetes and elevated BMI.
- If Fibrosure or Fibroscan results indicate advanced fibrosis (F3/F4), continue with GI follow-up.
- In the absence of cirrhosis, variceal screening via endoscopy is not currently indicated.
- Reassess overall health, including liver function, after completing HCV treatment.

#### Hyperlipidemia & Pre-Diabetes:

- No immediate treatment for hyperlipidemia is necessary. Reassess after HCV treatment.
- Statin treatment should be held off during HCV treatment due to contraindications.

**Consider presenting follow-up for this patient case or any other patient cases at a future ECHO session.**

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