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Letter to Editor

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Admission to treatment with DAAs in patients with chronic hepatitis C: are the actual criteria based on elastography correct?

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Dear Sir,

Elastonosonography currently plays an important role in the evaluation of hepatic fibrosis, and liver biopsy is used only in selected cases, given the diagnostic accuracy of the former compared to the latter as proven by an increasing number of papers in scientific journals, in the fields of internal medicine, gastroenterology, hepatology and infectious diseases.

The early works mainly documented the use of Transient Elastography (Fibroscan) in patients with HCV-related chronic liver disease, while more recently Real Time Elastosonography has been used in increasingly larger cohorts with often better results that those obtained with Fibroscan.

The cut –offs obtained using real time sonoelastography systems are different, however the accuracy of each histologic stage of liver fibrosis is very high.

As a result, Guidelines have been set up by scientific societies, both in the imaging and clinical fields [1-3].

Despite these new developments, however, in several countries the agencies and governmental bodies in charge of controlling the use of Direct Antiretroviral Agents for the treatment of HCV related CLD, only accept the Fibroscan results (e.g. > 10 KPs), instead of those of liver biopsy, as a criterion to regulate admission to treatment.

We believe that this criterion is outdated in the light of what said above about Real Time Elastography, and as such it should be modified as soon as possible.

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