Spontaneous clearance of hepatitis C virus in vertically infected children: any clue for treatment?

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Received: 31 July 2011 / Accepted: 9 September 2011 / Published online: 20 September 2011
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To the Editor,

Farmand et al. published in the journal an interesting article on spontaneous clearance of hepatitis C virus (HCV) in vertically infected children [2]. The authors state: “relatively little is known about the course of HCV infections acquired at or before birth.” We believe that our 15-year retrospective/prospective study of HCV infection in 504 children as well as other well-performed epidemiological studies can give some answers with regard to the prognosis of vertically acquired hepatitis C [1]. The cumulative probability of chronic progression of hepatitis C in children is around 80%. Children with chronic hepatitis C are often asymptomatic, and end-stage liver disease is possible in a small subgroup (less than 5%) characterized by perinatal exposure, maternal drug use, and infection with HCV genotype 1a [1].

The major aim of Farmand et al. [2] was to analyze individual cases of spontaneous clearance enrolling six children below 5 years of age in order to generate parameters to be tested in controlled therapeutic trials. The authors have confirmed previous findings showing that transaminases elevation is common in children who lost HVC RNA and that the mean age at observation of viral clearance is 40 months. However, by not reporting information about the IL-28B status, they have missed the opportunity to investigate the role of the emerging

association between IL-28B polymorphisms and HCV clearance [3]. Of note, the authors have observed that spontaneous HCV clearance is possible beyond 3 years of age. We would like to highlight that the direct consequence of this result is that although the combined treatment for HCV infection has been approved for children starting from 3 years of age, it is strongly advised that clinicians wait in most children until the age of 5 years to start the treatment.

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