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ACUTE PANCREATITIS AND HYPERBILIRUBINEMIA POSSIBLY ASSOCIATED TO RIBAVIRIN ADMINISTRATION WITH NEW DIRECT ANTIVIRAL AGENTS

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OBJECTIVES

The new direct-acting antiviral agents (DAA´s) for the treatment of hepatitis C, have resulted in more effective and safer combinations. While interferon has been almost banished from actual treatments, improving tolerance, not so ribavirin, which is still part of many of them, contributing to some of the adverse effects of the therapy. Pancreatitis and hyperbilirubinemia are two of them, and are usually associated to its combination with peginterferon or the coadministration with another drugs. However, there's no data of such adverse effects when administrated with DAA´s. In this study, we describe one case of hyperbilirrubinemia and pancreatitis possibly associated (according to Naranjo´s algorithm) to the ribavirin administration with Ombitasvir, paritaprevir, ritonavir and dasabuvir (OTV/PTV/RTV/DSV).

METHODS

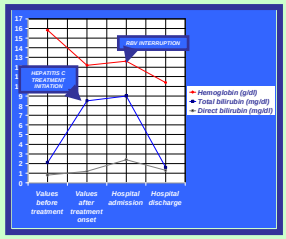
A 75-year-old-man was admitted to the Gastroenterology Unit with abdominal pain and vomiting, three weeks after starting a treatment with OTV/PTV/RTV/DSV and ribavirin 1200 mg daily. Patient wasn't taking any other concomitant medication At the moment of the admission, blood analysis showed the following values: total and conjugated bilirubin 7.1 and 1.3 mg/dl respectively; alpha amylase 1,166 U/L; lipase 5,537 U/L and haemoglobin 10.5 g/dl. He was diagnosed with acute pancreatitis. The HCV viral load was undetectable.

RESULTS

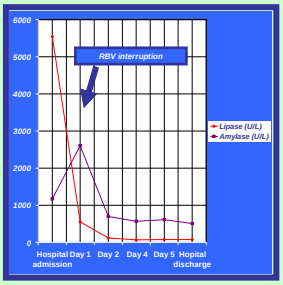
During the hospitalization, Pharmacy was consulted in order to value a treatment change to Ledipasvir/sofosbuvir. Pharmacy recommendation was the ribavirin discontinuation, as the two adverse effects are related to its intake and patient had achieved the undetectable viral load. Two days after the interruption, total bilirubin dropped to 5.9. Alpha amylase and lipase decreased to normal values. The patient was discharged with a total bilirubin of 1.6 mg/dl; Two weeks after, haemoglobin raised to 13.9 g/dl.

Even pancreatitis mechanism is not yet well known, hyperbilirubinemia is thought to be caused by erythrocyte destruction. Applying Naranjo´s algorithm these two adverse effects resulted as probable. The quick resolution of the symptoms after discontinuation of ribavirin, makes us suspect that they could be secondary to this drug. At the end of treatment, patient achieved sustained virological response.

GRAPHIC OF PATIENT RESULTS



CHANGES IN HAEMOGLOBIN AND BILIRUBIN DURING TREATMENT AND HOSPITALIZATION



AMYLASE/LIPASE VALUES DURING HOSPITALIZATION

CONCLUSION

Pancreatitis and hyperbilirubinemia are adverse events previously related to ribavirina in combination with peginterferon. Further studies are needed to inquire its specific role in combination with DDA´s.

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