

## A case of glecaprevir/pibrentasvir-induced liver injury in HCV-related compensated liver cirrhosis

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**Introduction:** Glecaprevir/Pibrentasvir (G/P) is a pan-genotypic DAA regimen for chronic hepatitis C virus (HCV) infection in adults and children aged 3 years and older. However, decompensated liver cirrhosis (LC) or Child-Pugh Class B and higher is contraindicated. Herein, we report a case of a patient, despite her tolerable liver function, who developed severe jaundice in the first two weeks of G/P.

**Case Description:** The patient, a 72-year-old woman with underlying hypertension (HTN) was referred for anti-HCV positivity. She was never treated for HCV, and had no clinical signs or history of decompensated LC. The HCV genotype was type 2 with HCV RNA titer of 169187 IU/mL. Her initial blood tests showed Child-Pugh class A (score 5) with mildly elevated aspartate aminotransferase (AST, 95 U/L) and alanine aminotransferase (ALT, 103 U/L). Liver dynamic computed tomography showed LC without hepatocellular carcinoma. G/P regimen was selected, and olmesartan was altered to losartan potassium due to possible drug-drug interaction with G/P. After 2 weeks of G/P, she complained of nausea, vomiting, pruritus, and general weakness. Serum creatinine increased to 1.87 mg/dL and total bilirubin (TB) was 8.0 mg/dL with AST/ALT 57/47 U/L. No exposure to alcohol, herbal medication, or hepatotoxic drugs was found. G/P was promptly stopped. After 3 days of stopping G/P, TB decreased to 3.3 mg/dL. Abdomen ultrasonography showed no other liver parenchymal or biliary tract abnormality. After 2 weeks, TB decreased to 1.7mg/dL with no remaining symptoms.

**Discussion:** There are two reported cases of acute liver injury with G/P in patients with compensated LC. In both cases, sustained HCV virologic response (SVR) was achieved after 3 weeks of G/P treatment. Follow up of our patient after 1 month of stopping medication showed HCV RNA <15 IU/mL despite only 2 weeks of G/P regimen. These cases suggest the need for a follow-up upon initiation of G/P regardless of liver function, and in patients with aborted G/P due to emergent liver injury, evaluation of virologic response may be advisable.

