

A case of pseudo-obstructive paralytic ileus after receiving treatment with SOF/VEL in CHC patient

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Introduction: The combination of sofosbuvir and velpatasvir(SOF/VEL) is an innovative treatment regimen that shows high rates of sustained virologic response (SVR) against all HCV genotypes. Although a definite relation to the treatment has not been demonstrated, 1 case of ileus and 1 case of small bowel obstructions have been reported as serious adverse events. Herein, we present another case of pseudo-obstructive paralytic ileus after receiving treatment with SOF/VEL.

Case: In January 2023, a 56-year-old female diagnosed with chronic HCV infection (CHC) from 4 years ago was referred to our hospital for treatment. She had no known history of other diseases and did not use alcohol. HCV RNA, 4,261,144 IU/ml, with an HCV genotype of 1b. Abdominal ultrasound and transient elastography showed no evidence of cirrhosis. After 3 weeks the patient started taking SOF/VEL, she had abdominal pain and severe constipation and thus needed inpatient treatment. The CT findings showed segmental bowel wall thickening and luminal narrowing in the sigmoid colon and proximal colonic distension, suggesting a large bowel obstruction probably resulting from malignancy. (Figure 1,2) However, sigmoidoscopy revealed no abnormal findings. These findings and symptoms were consistent with a pseudo-obstructive large bowel ileus. Though the symptoms were relieved after conservative management, the patient complained of recurrent abdominal pain when taking SOF/VEL during outpatient follow-up and finally discontinued treatment only 4 weeks after starting the regimen. Fortunately, no further abdominal pain was referred, and HCV RNA remained negative on the follow-up visits 1 month later.

Conclusion: To the best of our knowledge, this is the first reported episode of pseudo-obstructive large bowel ileus that developed following SOF/VEL treatment. The case implies the need to find additional cases of this condition and further evaluate cause and its relation to SOF/VEL treatment. We especially need to perform an abdomen x-ray or abdomen CT scan with suspicion of pseudo-obstructive large bowel ileus when patient have abdominal pain after initiating SOF/VEL treatment.

