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LETTERS TO THE EDITOR

Hepatitis G virus infection in haemodialysis patients: Is the prevalence still so significant?☆

Infección por virus de la hepatitis G en pacientes en hemodiálisis: ¿la prevalencia es todavía tan significativa?

To the Editor,

Hepatitis G virus (HGV) or GB-virus type C (GBV-C) is a RNA-single stranded blood-borne virus and, like hepatitis C virus, belongs to the Flaviviridae family. Infection with HGV is common in the world. Little is known of the natural history of HGV infection in the general population. Blood transfusions are the main risk factor for HGV transmission, but unapparent parenteral routes are also known (sexual, perinatal or intrafamily routes). HGV infection has been found in 1–3% of volunteer blood donors, while higher prevalence have been recorded in patients with a history of parenteral exposure, i.e. intravenous drug users, multitransfused patients and in subjects with different forms of chronic hepatitis. Haemodialysis patients are at high risk of acquiring parenterally transmitted viral infections. For epidemiological reasons HGV infection is of interest in haemodialysis patients. Up to 2000 year in European countries the serological surveys concerning HGV infection in haemodialysis patients have shown a considerable seroprevalence[1–5] (Table 1). Instead there are few recent studies about this topic. We studied the seroprevalence of HGV infection in a cohort of subjects on chronic haemodialysis treatment. During 2009 we screened 84 patients on maintenance haemodialysis: 2 were African, 2 Asiatic and the other of Caucasian ethnicity; they received a thrice/weekly haemodialysis schedule. All patients were tested for HBsAg, HBsAb, HBcAb and HCVAb. For HGV the anti-E2 antibody was tested by ELISA (Diagnostic Automation, Inc.). We performed liver function tests and other common laboratory investigations. All patients were anti-E2 HGV-negative. We detected: 1 subject HIV-positive (already known); 2 patients (2.3%) HBsAg-positive and 47 (55%) HBsAb and/or HBcAb-positive; 9 patients (10.7%) HCVAb-positive and 7 (8.3%) HCV-RNA positive. Liver function tests, platelets count and coagulation parameters were unremarkable. Nowadays HGV is known to infect humans, but is not known to cause human disease. There is debate about the appropriateness of the concept ''viral hepatitis G'' compared with the assessed lymphotrophism; in haemodialysis setting the trend of HGV infection 's prevalence is probably on the decrease like to HCV infection. The interest of HGV infections is likely to be associated with the similarity with HCV because of shared modes of transmission.

Table 1 Prevalence of anti-E2 HGV-positive patients.

Author	Country	Period	N° patients studied	Prevalence %
Hinrichsen	Germany	1997	2796	17.5
Sheng	Belgium	1998	106	14.2
Seme	Slovenia	1998	59	33.9
Desassis	France	1999	120	15
Fabrizi	Italy	2000	234	15

☆ We declare that the results presented in this paper have not been published previously in whole or part, except in abstract form.

References

1. Hinrichsen H, Leimenstoll G, Stegen G, Schrader H, Fölsch UR, Schmidt WE, PHV Study Group. Prevalence of and risk factors for hepatitis G (HGV) infection in haemodialysis patients: a multicentre study.<http://www.ncbi.nlm.nih.gov/pubmed/11812878>. Nephrol Dial Transplant. 2002;17:271–5.
2. Sheng L, Widyastuti A, Kosala H, Donck J, Vanrenterghem Y, Setijoso E, et al. High prevalence of hepatitis G virus infection compared with hepatitis C virus infection in patients undergoing chronic hemodialysis. Am J Kidney Dis. 1998;31:218–23.
3. Seme K, Poljak M, Jeverica S, Koren A, Sasa Zuzek-Resek S. Prevalence of hepatitis G virus infection in Slovenian hemodialysis patients as determined by the detection of viral genome and E2 antibodies. Nephron. 1998;79:426–9.
4. Desassis JF, Laperche S, Girault A, Kolko A, Bouchardeau F, Zins B, et al. Prevalence of present and past hepatitis G virus

infection in a French haemodialysis centre. Nephrol Dial Transplant. 1999;14:2692–7.
5. Fabrizi F, Lunghi G, Pozzi C, Colzani S, Tentori C, Del Vecchio L, et al. GBV-C/HGV infection in ESRD: a serological and virological survey. J Nephrol. 2000;13:68–74.

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Premio de las comunicaciones orales y pósteres en el XXXV Congreso de la Sociedad Española de Diálisis y Trasplante Bilbao 2013

Award of oral communications and posters in the XXXV Congress of the Spanish Society of Dialysis and Transplantation Bilbao 2013

Sr. Director:

Dentro de la reunión anual de la SEDYT en Bilbao este año[1,2], hemos querido a pesar del momento actual, de dificultades, mantener los premios a las comunicaciones[3].

Desde la Junta Directiva, estamos deseosos como todos los años[4,5] de conceder los premios a las mejores comunicaciones orales, y en esta ocasión, se han añadido 2 premios a los 2 mejores pósteres.

La relación ha sido la siguiente:

- 1.er premio a la mejor comunicación (1.200 euros), con el titulo*Inhibidores de M-Tor y tolerancia inmunológica, una alternativa a la inmunosupresión*, cuyos autores son: Francisco Magno Herrera-Gómez (del Servicio de Nefrología del Hospital Clínico Universitario, Valladolid, España), Mercedes Nocito-Colón (del Laboratorio de Inmunología del Hospital Clínico Universitario, Valladolid, España), Débora Martín-García (del Servicio de Nefrología del Hospital Clínico Universitario, Valladolid, España), María del Pilar Pascual-Núñez (del Servicio de Nefrología del Hospital Clínico Universitario, Valladolid, España), Sandra Sanz-Ballesteros (del Servicio de Nefrología del Hospital Clínico Universitario, Valladolid, España), Alicia Mendiluce-Herrero(del Servicio de Nefrología del Hospital Clínico Universitario, Valladolid, España), María Fé Muñoz-Moreno (de la Unidad de Investigación Biomédica del Hospital Clínico Universitario, Valladolid, España), Jesús Francisco Bermejo-Martín (de la Unidad de Investigación Biomédica del Hospital Clínico Universitario, Valladolid, España), Jesús Bustamante-Bustamante (del Servicio de Nefrología del Hospital Clínico Universitario, Valladolid, España).(fig. 1).
- 2.º premio a la mejor comunicación (600 euros), con el titulo*Estudio multicéntrico de 8 hospitales andaluces sobre el metabolismo del P y el FGF-23 en pacientes no en diálisis tratados con sevelamer*, cuyos autores son: Prados M.D. (de la UGC Nefrología del Hospital Universitario San Cecilio, Granada, España), Almaden Y. (de la Lipid and Atherosclerosis Unit IMBIC, Hospital Universitario Reina Sofía, Córdoba, España), Jimenez M. (de la UGC Nefrología del Hospital Universitario Virgen de la Victoria, Málaga, España), Páez M.C. (de la UGC Nefrología del Hospital Universitario Virgen Macarena,

Figura 1 Entrega del primer premio a 2 de los componentes del grupo de investigadores del Servicio de Nefrología del Hospital Universitario de Valladolid.