Ali Rahman et al., J Liver 2016, 5:3(Suppl)
http://dx.doi.org/10.4172/2167-0889.C1.009

Impact of different polymorphisms of IL 10 in prevalence of liver fibrosis and progression in hepatitis C patients

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Our study included data of 244 patients (Average age 39.1 years, 55.7% men, 44.3% female) with chronic hepatitis C (HCV genotype 1 to 4). In addition to many demographic characteristics also laboratory parameters (ALT, AST, g-GT, bilirubin, Quick) and hepatitis-related parameters (hepatitis C viral load, validation of hepatitis A or/and B and duration/type of the anti-HCV therapy) were obtained. From 186 patients grade of liver fibrosis was determined after METAVIR. Fibrosis abundance and rate of liver fibrosis progression were determined. These parameters were related to chosen genpolymorphism of IL-10 (G/A -1082; C/T - 819; -592 C/A), rate of fibrosis progression and prevalence of fibrosis. The IL-10 G/A -1082 genotypes AA, GA and GG showed no difference in prevalence of liver fibrosis (74.4 to 85.2%), the rate of fibrosis progression and the relative risk fibrosis (1.04 to 1.11 FACh increases) detectable. At IL-10 C/T -819, the three genotypes TT, CT and CC showed no difference in the rate of fibrosis. However, the fibrosis progression in TT was 1.5 fibrosis-classes per year higher than CT (0.9) or CC (1.1). The relative risk for liver fibrosis did not differ (1.09 to 1.15 FACh). The IL-10 C/A -592 Genotype CA led the least likely to liver fibrosis (68.5%), while patients with CC (82.5%) and AA genotype (88.2%) more often developed a liver fibrosis. The AA genotype led to a higher fibrosis progression rate (1.6 fibrosis classes/year) than the CA (0.9 classes) or CC genotype (1.1 classes). However, the relative risk of fibrosis was 0.93 times lower than the CC genotype compared to AA.

Biography

Ali Rahman has completed his MD and MSc from Johannes Gutenberg University, Mainz in Germany and Postdoctoral studies from the University of Bern in Switzerland. He is currently a Consultant in Radiology and Neuroradiology (emphasis in Neuro, Abdominal and MSK Radiology.

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