

## Hepatocellular carcinoma in HDV infected patients from Republic of Moldova: from risk factors to survival

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**Objectives:** Moldova is the European country with the highest incidence of hepatocellular carcinoma (HCC) in both sexes. The problem of viral hepatitis burden in Moldova is known for a long time as it has been reported as early as Soviet Union period. There is, however, no data comprehensively describing the presentation and the risk factors of HCC in the country. We decided to analyze cases of HCC recently received in a tertiary healthcare Institution from Chisinau, Republic of Moldova. **Methods:** A series of 154 of HCC were retrospectively analyzed for demographic features, serological and biochemical data, and clinical presentation. **Results:** The mean age of patients was 57±9.12 years (range: 19-67) with a M:F sex ratio of 1.7. 18.5% of patients was infected with the HDV, a situation that concerned therefore almost one-half of HBsAg(+) patients (47.2%). Overall, at least one of the viruses responsible for persistent liver infectious (HBV, HCV or HDV) was present in more than 81% of cases. Moreover, HBV-HCV coinfections were found in 13.6% and 7.2% of the whole series were, indeed, affected by a triple HBV-HCV-HDV infection. In total, one patient every four was infected with at least two viruses. Patients infected with Delta virus were characterized by a variety of salient features. HCC was diagnosed six years younger than other patients (54.0±8.3 vs 60.5±10.1 years, P=0.0041). They were also affected with larger tumors (75.7±9.6 vs 56.0±3.2, 0.0184). Liver cirrhosis tended to be almost

universally present in these patients (95.8 vs 79.2%, OR= 5.96, 95%CI: 0.87-256.95, P= 0.074, ns). CLIP score was slightly higher in HDV than in HCV, HBV. Regarding risk factors of super-infection with Delta viroid, intravenous drug use was more frequent among seropositive patients than others (23.8 vs 6.5%, OR=4.34, 95%CI: 0.93-19.52, P=0.0312). **Conclusions:** A striking feature of the present series was the frequent presence of HDV as this agent used to be usually marginally present in HCC cases from European patients. As a risk factor, it represents undoubtedly the hallmark of Moldova in Europe. A pro-active policy of screening for persistent liver infection targeting population at risk of HCC (>50 years) and coupled with the distribution of antivirals in positive cases should be rapidly implemented in Moldova to reduce incidence or primary liver cancer.

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