Fibrosing cholestatic hepatitis (FCH) is an aggressive form of hepatitis C virus (HCV) recurrence after liver transplantation (LT). Most FCH cases are fatal secondary to rapidly progressive liver dysfunction followed by graft failure and death. We report a case of early-onset FCH after LT, who was successfully treated using daclatasvir and asunaprevir.

A 59-year-old woman underwent living donor LT for HCV-related liver cirrhosis (fig 1,2,3,4), however, the liver function was not improved after LT and gradually got worse. Liver biopsy was performed at 30 and 47 days after the LDLT to identify the cause of the liver dysfunction. First biopsy showed no specific finding, however, combined treatment with pegylated interferon and ribavirin was started due to high HCV viral load greater than 8.0 log IU/mL.

Successful Treatment of Fibrosing Cholestatic Hepatitis with Daclatasvir and Asunaprevir After Liver Transplantation

Nevertheless, liver function and HCV viral load deteriorated, and the second biopsy performed on post-operative day 47 revealed FCH. We converted the antiviral agents into daclatasvir and asunaprevir, and performed plasmapheresis twice. Since then, the liver dysfunction and HCV viral load has gradually improved, the HCV RNA clearance occurred at week 11 after treatment.

The patient achieved sustained virological response at week 24 after completion of the treatment. Daclatasvir combined with asunaprevir can be a useful treatment option in potentially fatal FCH after LT.

Preoperative CT & MRI scan shows multiple arterial enhancing nodules on both lobes. However, hepatic artery angiogram for TACE shows no lipiodol uptake lesions (Figure 1-3). The patients underwent living donor liver transplantation using modified right lobe graft from her son (Figure 4). The permanent pathology revealed hemangioma and no definite HCC lesions.

Second liver biopsy 47 days after liver transplantation. (A) Hepatocyte ballooning and canalicular cholestasis (hematoxylin and eosin [H&E] x 400). (B) Apoptotic hepatocytes (H&E x 400). (C) Periportal and sinusoidal fibrosis (Masson trichrome x 100). (A) Portal fibrosis (Masson trichrome x 100).