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Abstract: HTLV-1 is associated with adult T-cell leukemia and HTLV-1-associated myelopathy. HCV infection causes chronic hepatitis, cirrhosis, hepatocellular carcinoma and several extrahepatic diseases. Due to the role of cellular immunity in the development and progression of HCV-associated diseases, one could expect that interaction between HTLV-1 and HCV might modify the natural course of these infections.

Objective: To evaluate the epidemiological and laboratory aspects of these infections.

Method: A cross-sectional study was conducted, 50 HTLV-1/HCV coinfected, 46 HCV and 50 HTLV-1 infected patients were randomly selected. Individuals with HBV and/or HIV infection were excluded.

Results: Socio-demographic characteristics were similar in all groups. Alcohol drinking was more frequent in HCV group (p<0.001). Viral transmission by blood transfusion occurred in 80.6% of HCV group and in 39% of coinfected, and by drug addiction in 26.8% of coinfected. Sexual transmission (55.6%) was more frequent in HTLV-1 group (p<0.001). Neurological involvement was more frequent in coinfected and occurred in 72% of patients (p=0.001). Thrombocytopenia was more frequent in HCV group (p<0.001). Transaminase (ALT/TGO), alkaline phosphatase and total bilirubins levels were higher in HCV group when compared to HTLV-1/HCV group. No difference in HCV genotypes and viral load in HCV groups were observed. HTLV-1 proviral load were similar in HTLV-1 groups. Cryoglobulinemia was higher in HTLV-1/HCV patients, but no significant difference was observed when compared to other groups.

Conclusion: Our results suggest that coinfected patients were associated with a higher frequency of neurological involvement, and a less advanced degree of hepatic involvement, being necessary to follow-up these patients for a better evaluation of the interaction between the two viruses.

Key words: HTLV-1, HCV, peripheral neuropathy.