

# HEPATITIS C VIRUS INVESTIGATION IN *PEMPHIGUS FOLIACEUS* (fogo selvagem) PATIENTS

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*HEADINGS – Hepatitis C virus. Pemphigus.*

Infection with hepatitis C virus (HCV) affects millions of individuals in the world, resulting in chronic liver disease like chronic hepatitis (CH) and hepatocellular carcinoma (HCC). Brazil overall has a HCV prevalence of 1.23%; in our region of central-west (States de Goiás and Mato Grosso) this prevalence is 1.04%<sup>+</sup>. A wide spectrum of extrahepatic manifestations have been reported in HCV infection<sup>(7)</sup>. Among these, several dermatological disorders have been claimed in association with CH. Cutaneous vasculitis (CV) attributable to deposition of cryoglobulins is the best documented of these associations<sup>(2, 8)</sup>. Porphyria cutanea tarda (PCT)<sup>(5)</sup> and lichen planus (LP)<sup>(2, 9)</sup> are also associated with HCV. Other skin disorders, including erythema nodosum<sup>(3)</sup>, erythema multiforme<sup>(1)</sup> are also considered. Brazilian *Pemphigus foliaceus* (fogo selvagem) (FS) is an blistering organ-specific autoimmune skin disease, mediated by auto-antibodies of the IgG class IgG4 subclass, supposed to be triggered by environmental factors<sup>(10)</sup>. FS is endemic in certain regions of Brazil, like Goiás, Paraná<sup>(4)</sup>, São Paulo and

Mato Grosso, affecting agricultural workers and some indians tribes<sup>(6)</sup>.

We studied a group consisted of 126 FS patients, interviewed when they visited the outpatient ambulatory of dermatologic clinic, between August 1994 to July 1995. A questionnaire was applied to the group, in which age, sex, years of disease, medications they used, addiction and volume to alcohol, history of blood transfusion and smoking. FS blood samples were collected after interview and stored at -40 °C until tested for anti-HCV.

Anti-HCV were detected by a third generation assay using a mixture of structural (core) and nonstructural antigens (NS3, NS4 and NS5) (Innotest HCV Ab-Innogenetics, Ghent, Belgium). The results are shown in Table 1.

FS individuals do not live in a closed institution but they are treated as outpatients, thus their exposition to viral infections is the same of that for general population of our region.

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**Table 1** – Characteristics of studied *Pemphigus foliaceus* patients for HCV in Goiânia, GO, Brazil, 1995

n	126
Mean ± SD age (years)	41.5 ± 14
Male/female	57/69
Duration of the disease (years)	12.6 ± 9.8
Corticosteroids users	100 (79%)
Duration of corticosteroids use (years)	11 ± 9.3
Alcohol drinkers	18 (14%)
Smokers	41 (32%)
Blood transfused	15 (12%)
ALT (mean ± SD) units	22 ± 12
Bilirrubine (mean ± SD) mg/dL	1.0 ± 0.8
Albumine (mean ± SD) mg/dL	4.38 ± 0.63
Anti-HCV positive	None

We do not find any anti-HCV positive patient neither transaminase alterations in the group (mean 22U); thus the anti-HCV

prevalence among these patients is non-significant in comparison to our general population (1.04%).

Besides FS, leprosy is another very important skin disease in this region of Central Brazil. In previous study we showed the overall prevalence of 1.8% to antibodies to hepatitis C in 126 Brazilians lepromatous (83 outpatients and 133 institutionalized ones). It is interesting to take into consideration the fact that both groups of skin diseases – FS and leprosy – are formed by immunocompromised patients and long-term users of corticosteroids.

In summary, unlikely other dermatological disorders like PCT, LP, CV and leprosy in which HCV was found in association, we are not able to demonstrate its presence in FS, suggesting that this skin disease is not a group of risk for HCV infection.

Rosa H, Martins R, Vanderborcht B. *Investigação de hepatite vírus C em pacientes com fogo selvagem (Pemphigus foliaceus)*. *Arq Gastroenterol* 2000;37(1):42-3.

**DESCRITORES** - Pênfigo. Hepatite vírus C.

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