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LIVER TRANSPLANTATION IN CHILDREN WITH HEPATITIS B AND/OR HEPATITIS C VIRUS INFECTION

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Authors present a single centre experience in HBV and/or HCV patients after liver transplantation. Reinfection with hepatitis B or/and C virus after solid organ transplantation, followed by serious complications still remains a problem.

The spontaneous risk for HBV reinfection after transplantation is about 80% and depends on the initial liver disease and the presence of viral replication at time of transplantation. Lamivudine treatment before transplantation and a combination of lamivudine with HBIG after transplantation successfully reduced the risk of HBV reinfection. New antiviral agents such as adefovir dipivoxil and entecavir may serve as a "rescue" therapy for patients with lamivudine resistance.

The recurrence of hepatitis C virus (HCV) infection is observed in 90 to 100% of HCV RNA positive patients before transplantation. For several years it has been believed that recurrent disease is usually mild and asymptomatic. Unfortunately, recent observations in adult allograft recipients showed that several patients suffer from more aggressive disease. Fibrosis, steatosis and liver graft cirrhosis a few years after liver transplantation is often observed. There are several reports of interferon and ribavirin treatment in adult patients after liver transplantation but still there is a limited number of reports of such treatment in pediatric patients. A significant number of patients after liver transplantation do not tolerate interferon or ribavirin. The majority of patients require dose modification or cessation of treatment

because of side effects. Some of them may develop an acute rejection which require not only the discontinuation of treatment but also an enhancement of immune suppression.

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PRZESZCZEPIANIE WĄTROBY U DZIECI Z ZAKAŻENIEM WIRUSAMI HBV I HCV

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