Activation of Hepatic Stellate Cells Drives the Rapid Onset of Liver Fibrosis During Acute HCV Infection in HIV-infected Men

No conflict of interests

Daniel S. Fierer, M.D. Division of Infectious Diseases Mount Sinai School of Medicine 1 September 2008 Volume 198 Number 5

The Journal of Infectious Diseases



≋IDSA hıvma

THE UNIVERSITY OF CHICAGO PRESS Liver Fibrosis during an Outbreak of Acute Hepatitis C Virus Infection in HIV-Infected Men: A Prospective Cohort Study

Daniel S. Fierer,¹ Alison J. Uriel,² Damaris C. Carriero,² Arielle Klepper,² Douglas T. Dieterich,² Michael P. Mullen,¹ Swan N. Thung,³ M. Isabel Fiel,³ and Andrea D. Branch²

Divisions of ¹Infectious Diseases and ²Liver Diseases, Department of Medicine, and ³Department of Pathology, Mount Sinai School of Medicine, New York, New York

I I men underwent liver biopsy, median 3.3 months (range: 0.75–16 months) after diagnosis of acute HCV infection

9/11 (81%) had stage 2;
1 had stage 1 fibrosis
Fierer J Infect Dis 2008

Hepatitis C virus infection in HIV-infected men who have sex with men: sustained rising incidence in Antwerp, Belgium, 2001–2009

E Bottieau (ebottieau@itg.be)¹, **L Apers**¹, **M Van Esbroeck**¹, **M Vandenbruaene**¹, **E Florence**¹ 1. Department of Clinical Sciences, Institute of Tropical Medicine, Antwerp, Belgium

Antwerp, Belgium 2001 through April 2010

 37 patients had liver biopsy, median 7 months (range: 3–36 months) after diagnosis of HCV infection:

• 22/37 (59%) had stage 2 or 3 fibrosis

Liver Fibrosis Progression After Acute Hepatitis C Virus Infection in HIV-Positive Individuals

Martin Vogel,¹ Emma Page,² Christoph Boesecke,¹ Thomas Reiberger,³ Carolynne Schwarze-Zander,¹ Stefan Mauss,⁴ Axel Baumgarten,⁵ J-C Wasmuth,¹ Mark Nelson,² Jürgen K. Rockstroh,¹ and the European AIDS Treatment Network (NEAT) Study Group



38 men underwent TE median 4.8 (IQR 2.4-7.2) months after diagnosis of acute HCV infection

stiffness dramatically affected by ALT (inflammation=>stiffness)

stiffness lower with longer time to evaluation Vogel Clin Infect Dis 2012

Early-Onset Liver Fibrosis Due to Primary Hepatitis C Virus Infection Is Higher Over Time in HIV-Infected Men

Daniel S. Fierer,¹ Michael P. Mullen,¹ Douglas T. Dieterich,¹ M. Isabel Fiel,² and Andrea D. Branch¹

Departments of ¹Medicine, and ²Pathology, Mount Sinai School of Medicine, New York, New York

	4]				
stage	3	-	0	•	29 men underwent liver regression analys biopsy, median 0.6^{-28} p = 0.04	İS
Fibrosis	2	- 0000	00000000	0	months after diagnosis of acute HCV infection	
	Ι	00	0	•	22/29 (76%) had stage 2 or	
	0		0		3 fibrosis	
	0	0	Tim	ne to bio	122436opsy from 1st ALT elevation (months)Fierer Clin Infect Dis 20	012

Rapid Progression to Decompensated Cirrhosis, Liver Transplant, and Death in HIV-Infected Men After Primary Hepatitis C Virus Infection

Daniel S. Fierer,¹ Douglas T. Dieterich,² M. Isabel Fiel,³ Andrea D. Branch,² Kristen M. Marks,⁴ Dahlene N. Fusco,⁴ Ricky Hsu,⁵ Davey M. Smith,^{6,7} and Joshua Fierer^{6,7}

years to decompensation years to death or transplant



- HIV-infected men who acquire HCV infection undergo rapid-onset liver fibrosis of unknown mechanism(s)
- We hypothesized that this increased fibrogenesis during acute HCV infection results from activation of hepatic stellate cells (HSCs), the principal collagen-producing cell in liver injury

- To determine whether the number of activated HSCs, as measured by α-smooth-muscle-actin (α-SMA) staining, is high early in HCV infection
- To determine whether the collagen proportionate area (CPA) of liver specimens, as measured by Sirius red staining, increases with increasing time to biopsy
- To re-confirm whether the stage of fibrosis, as measured by trichrome staining, increases with increasing time to biopsy

aubiect	age at	conotupo	HCVVL	ALT	ALT elevation to	stage
subject	biopsy	genotype	(IU/mL)	(U/L)	biopsy (mo)	(Scheuer, 0-4)
I	40	la	10,700	57	1.0	2
2	35	lb	10,300,000	88	1.2	1
3	40	lb	9,180,000	258	1.4	3
4	63	3a	1,968,876	61	1.7	2
5	46	la	4,180,000	810	1.9	2
6	44	la	1,360,000	195	3.3	2
7	37	la	787,000	378	3.8	1
8	38	la	4,143,987	278	3.9	2-3
9	38	la	4,875,000	495	4.2	2
10	32	la	4,950	54	4.4	2
11	47	la	4,430,000	187	4.7	2
12	49	la	200,000	400	4.9	2
13	42	la	<5	46	6.9	2
14	30	la	15,000,000	198	6.9	0-I
15	26	la	<5	24	7.3	I
16	37	la	1,016,200	216	6.0	2
17	61	la	8,040,000	37	17.0	2
18	40	la	10,400,000	324	27.5	3
19	46	la	1,549,233	95	28.3	4
20	45	la	855,026	122	30.4	4
median	40	—	1,759,055	191	4.6	2

 Masson's trichrome stain—traditional stain to assess liver fibrosis— stains mature collagen dark blue
Staging system (e.g. Scheuer) is qualitative





Masson's trichrome stain



 Sirius red stains mature collagen red
Amenable to quantification of area of fibrosis ("collagen-proportionate area")





> | Year to Biopsy

Fibrosis During Acute HCV Infection in HIV+ Men Hepatic stellate cells (HSC) produce collagen upon activation (e.g. HCV infection)

 Mature collagen composes the scar tissue that is liver fibrosis

 \circ α -smooth actin is a marker of activated HSC





biopsy < 1 biopsy > 1 year after year after HCV (N=15) HCV (N=5) statistical test

3

Scheuer stage, median

CPA (%), median 2.6 6.4 p < 0.002

2

activated HSC/ hpf, median

7.4 I.8 p < 0.001

p < 0.005

• Limitations:

- Not all men with acute and recent HCV underwent biopsy
- Insufficient biopsy material for complete analysis of almost half who underwent biopsy
- Significantly fewer biopsies analyzed from >1 year after onset compared to <1 year after onset</p>

Conclusions:

 The mechanism of rapid-onset fibrosis formation appears to be early activation of HSCs into fibrogenic myofibroblasts

• This activation results in stage 2 fibrosis in most HIVinfected men within 6 months of HCV infection

 Significantly fewer activated HSCs persist after the first year but fibrosis increases nonetheless

Acknowledgments

>Monash University

- Robbie Gillies
- Marcus Yip
- Scott Friedman
- Andrea Branch
- O Douglas Dieterich
- Isabel Fiel