



Thrombocytopenia in Confirmed HCV Cases

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Dear Editor,

We have read, with great interest, the study conducted by Bano et al. (1) in your journal. The aim of their study was to investigate the prevalence of thrombocytopenia in HCV patients without cirrhosis and splenomegaly. They recruited 30 patients for the study, and found the prevalence of thrombocytopenia to be 43.3%. Moreover, they concluded that thrombocytopenia was of moderate frequency in HCV participants. Undoubtedly, HCV is a public health problem worldwide, especially in developing countries (2, 3). The classical treatment of HCV is challenging and fraught with poor tolerability and side effects. A major breakthrough occurred in managing HCV with new direct acting antiviral regimens with less side effects and more tolerability. However, the use of such new regimens is restricted due to their high price; therefore, classification of the patients is necessary (4). Here comes the importance of thrombocytopenia, as it can be considered a contraindication for the classical regimen (5, 6). Any patient with thrombocytopenia might be eligible for the new expensive medications. Hence, it might be important for the public health planners to estimate the prevalence of thrombocytopenia in HCV. Furthermore, thrombocytopenia in chronic HCV patients is associated with bleeding tendency, and it is a poor prognostic factor. However, it is important to clarify that HCV-antibody positivity does not indi-

cate current infection, but shows an exposure to the virus. To a large extent, the diagnosis of HCV depends on the PCR positivity. Thus, any study targeting HCV patients should include patients with confirmed PCR results. Moreover, a larger sample size is needed for prevalence study. Therefore, the recruitment of a larger sample with a confirmed current HCV infection is highly recommended.

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