

ABSTRACT

Autoantibodies, particularly ANA and ASMA, are prevalent in patients with HCV seropositive Crete, while LKM1 autoantibody is uncommon.

INTRODUCTION

The prevalence of liver-kidney microsomal autoantibodies (LKM1) in hepatitis C seropositive subjects (HCs) in Greece is extremely low, and in many cases, the prevalence is not greater than 0.1% (1). In addition, there is a low prevalence of liver-kidney autoantibodies in countries where the prevalence of HCs is higher. This lack of autoantibodies in HCs results in an elevated risk of hepatitis C when the prevalence of HCs is high (2, 3). For example, in a study of 15 HCs in the United States (4), the prevalence of autoantibodies of hepatitis B was 1.4%. Recent reports have shown a high prevalence of antibodies against hepatitis C (anti-HCV), which is endemic on the island of Crete, where the disease is most frequently reported. Earlier research has shown that anti-HCV antibodies are frequently present in antigenic subjects, often exhibiting either ANA or smooth muscle antibodies. In most cases, ANA are of the speckled type and ASMA display the "vasal" (SMA-V) pattern. Additionally, chronic hepatitis was associated with LKM1, an autoantibody that reacts with liver and kidney microsomes. Unfortunately, comparable studies have not been published in Greece. The aim of the study is to determine the frequency of serum autoantibodies in patients with chronic hepatitis C in Crete.

CONCLUSION

Remarkable conclusions Ultimately, the serum autoantibodies (ANA and ASMA) are most frequently present in HCV seropositive subjects from Crete; however, there is virtually no known LKM1 antibody. General Practitioners and Hospital Physicians in Crete should be aware that these antibodies are more likely to be associated with HCM than with true autoimmune hepatitis A and B.