

Do patients at risk for B-cell malignancy need antiviral treatment?

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Some studies have shown that a relationship of hepatitis C (HCV) infection with type II mixed cryoglobulinemia exists. However the precise mechanism remains unclear.

A research article to be published on April 7, 2009 in the [World Journal of Gastroenterology](#) addresses this question. The research team led by Professor Fan from the Department of Infectious Disease of the People's Liberation Army 161 Hospital in Wuhan used IgH rearrangement and immunohistochemistry. Various research studies indicated a relationship between the B-cell clonality with non-Hodgkin lymphoma, and this article further investigates the risk for developing malignant lymphoproliferative disease in the HCV-infected patients with B-cell clonality in the liver.

Liver-infiltrating monoclonal B-cells were detected in the liver of 4 (10%) of 40 HCV-positive patients but were present in only 3 (0.37%) of 808 liver [biopsy](#) specimens with chronic HBV infection. Chi-square testing showed the monoclonal B-cells infiltrating in the liver were more frequent in the HCV-infected patients ($P=0.000$). A clonal IgH rearrangement was detected in 5 (71.4%) of 7 liver biopsy specimens with monoclonal B-cells infiltration. In 2 of 5 patients with both a clonal B-cell expansion and monoclonal B-cells infiltration in the liver, a definite B-cell malignancy was finally diagnosed.

Recent reports have highlighted the importance of antiviral treatment in the HCV-infected patient with B-cell clonality in the liver. This is the

first study to analyze the association of monoclonal B-cells infiltrating in the liver with the B-cell clonality. Furthermore, our follow up study showed that lymphoma developed more frequently in the patients who had monoclonal B-cells infiltration and B-cell proliferation in the liver. The presence of a B-cell clonality and monoclonal B-cells infiltrating in the liver may be useful for detecting patients at high risk for developing malignant lymphoproliferative disease. The study results suggest a strategy for antiviral treatment in patients at risk for B-cell malignancy.

More information: Fan HB, Zhu YF, Chen AS, Zhou MX, Yan FM, Ma XJ, Zhou H. B-cell clonality in the [liver](#) of [hepatitis C](#) virus-infected [patients](#). World J Gastroenterol 2009; 15(13): 1636-1640, www.wjgnet.com/1007-9327/15/1636.asp

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