

LIVER CIRRHOSIS INDUCED BY DELTA VIRUS: CLINICAL AND EVOLUTIVE PECULARITIES IN PATIENTS ON THE WAITING LIST FOR LIVER TRANSPLANTATION IN REPUBLIC OF MOLDOVA

Diana BUGA¹, Adrian HOTINEANU³, Eugen TCACIUC¹, Natalia TARAN², Angela PELTEC¹

¹Department of Internal Medicine, Discipline of Gastroenterology,

²Gastroenterology Laboratory,

³ Surgery Department nb. II, *Nicolae Testemitanu* State University
of Medicine and Pharmacy of the Republic of Moldova

ABSTRACT

Introduction. Evolution of liver cirrhosis induced by delta virus is more severe in comparison with monoinfection HBV being grevated by numerous complications. **The aim** of this study was to compare clinical evolution of patients with liver cirrhosis induced by delta and B viral infection that are on the waiting list for liver transplantation in Republic of Moldova. **Material and Methods.** In side of the national transplant program was performed a retrospective study on two groups of patients with liver cirrhosis that are on the waiting list for liver transplant since february 2013 to December 2022. In each group were included 40 patients (1st group – patients diagnosed with liver cirrhosis of HBV/ HDV etiology, 2nd group - patients diagnosed with liver cirrhosis of HBV etiology). **Results.** After the analysis of the groups, statistical difference was recorded on the average age of the patients (group I vs group II being 48.55 ± 9.01 vs 55.81 ± 5.85 , $p = 0.01$). The mean MELD score at inclusion in

the waiting list was 16.15 ± 3.91 group I vs 15.11 ± 3.26 points for group II ($p = <0.0001$). The statistical difference between clinical development and the presence of complications from the time of inclusion in the waiting list has not been identified. Thus, ascites were recorded in 77.5% patients in group I vs 54.5% group II ($p = 0.8$); upper digestive haemorrhage - 40% group I vs 18% group II ($p = 0.9$); HCC - 20% group I vs. 15% group II ($p = 0.41$); portal vein thrombosis - 18% group I vs. 4.5% group II ($p = 0.5$); spontaneous bacterial peritonitis - 2% group I vs 0.9% group II ($p = 0.2$). Patients in group I (35%) vs group II (17%) had lower survival ($p = 0.014$). **Conclusion.** Although VHD infection is not an independent mortality predictive factor, it imparts a more aggressive course of evolution. The complications appeared were not influenced by the etiology of the disease. Patients with liver cirrhosis HBV / HDV during the follow-up period had significantly less survival compared to patients with HBV liver cirrhosis ($p = 0.014$).