

Hepatitis C Raises Risk of Gallstones in Men

BY KATHLEEN LOUDEN
Contributing Writer

CHICAGO — Chronic infection with the hepatitis C virus increases the risk of gallbladder disease in men, according to research presented at the annual Digestive Disease Week.

The risk of gallstones and the risk of undergoing a cholecystectomy are highest in hepatitis C virus (HCV)-positive Hispanic patients and men aged 60 years

or older, reported Luciano Kapelusznik, M.D., a resident at New York University.

Dr. Kapelusznik and senior investigator Edmund Bini, M.D., conducted the study at the Veterans Affairs New York Harbor Healthcare System.

They compared the prevalence of gallbladder disease in 564 men who had positive HCV antibody and RNA tests vs. 163 men who did not have HCV. No significant differences existed in age, race, alcohol use, smoking, or diabetes between

groups, Dr. Kapelusznik reported. In the HCV-positive group, the prevalence of both gallstones and prior cholecystectomy as seen with ultrasonography was significantly higher than in the control group of noninfected men. Gallstone prevalence was 21% in men with HCV, compared with 7% in controls; cholecystectomy prevalence was 8% vs. 2% in controls. When the two parameters were combined for an end point of gallbladder disease, the prevalence was also significantly higher in

HCV-positive men (29% vs. 9%).

Among HCV-positive men, the risk of gallbladder disease increased significantly with age, from 21% in those younger than 50 years to 45% at age 60 or older. Race also showed significant differences in those with chronic HCV. Hispanics had a 47% risk, non-Hispanic whites 30%, blacks 16%, and other racial groups 16.7%.

The risk of gallbladder disease also rose with increased severity of liver disease, Dr. Kapelusznik told the audience. ■

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Ursodiol Found Useless Against Biliary Colics

CHICAGO — A bile acid thought to decrease biliary pain and acute cholecystitis in patients with gallstones exerted no beneficial effects in Dutch patients who were awaiting cholecystectomy, Niels Venneman, M.D., reported at the annual Digestive Disease Week.

Dr. Venneman of University Medical Center Utrecht, the Netherlands, presented results of a randomized, double-blind, placebo-controlled trial of ursodeoxycholic acid, also called ursodiol.

He and his coworkers randomized 177 symptomatic gallstone patients scheduled for elective cholecystectomy to receive either ursodiol or placebo. Only 23 of 89 patients (26%) receiving ursodiol remained free of biliary colic while waiting for surgery (mean, 90 days), whereas 29 of 88 patients (33%) receiving placebo stayed colic free.

"Clearly, [ursodiol] does not protect against biliary colics," Dr. Venneman said. The drug also had no effect on analgesic intake or episodes of nonsevere biliary pain, he added. However, patients who had fewer than three biliary colic episodes in the year before the study were significantly more likely to remain colic free while waiting for surgery than were patients with three or more preoperative colic episodes.

At baseline, 126 patients underwent ultrasonographic studies of gallbladder motility. Among those patients, the likelihood of remaining colic free was comparable in strong and weak contractors (minimal gallbladder volume less than or equal to 6 mL and greater than 6 mL, respectively).

The study may have had a selection bias, in that patients waiting to be operated on are likely sicker, one attendee commented after the presentation. Dr. Venneman agreed, saying, "We had a highly symptomatic group."

Results of the current study contradicted a Japanese study, which found that ursodiol therapy was associated with a reduced risk of biliary pain after 10 years' follow-up of patients with gallstones (Hepatology 1999;30:6-13).

The foundation Maag Lever Darm Stichting in Nieuwegein, the Netherlands, funded Dr. Venneman's study.

—Kathleen Loudon