

Facial Puffiness: A Rare Side Effect of Daclatasvir

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Abstract

Introduction: Daclatasvir is generally well-tolerated when treating hepatitis C (HCV), with common side effects including fatigue, headache, nausea, diarrhea, and insomnia. It is typically taken with other drugs like sofosbuvir, and side effects are usually mild, but can include serious risks like anemia, skin reactions, or heart issues with specific drug combinations.

Case Report: We report a case of twenty -year-old female, not a known case of any chronic illness, was incidentally detected to be suffering from chronic HCV infection on routine testing. All her routine labs including complete hemogram, liver & renal function test, blood sugar, complete lipid profile, thyroid profile, serum electrolytes, urine examination, HbsAg, anti -HIV antibody, serum IgM HAV & HEV antibody test were normal but anti HCV antibody was positive. Her ultrasonogram, Chest x-ray and Fibroscan score (6 Kpa) were normal. The HCV RNA quantitative viral load was 1×10^5 I.U./ml. She was started on 12 weeks sofosbuvir 400 mg + daclatasvir 60 mg daily once for 12 weeks. After two days of starting antiviral treatment, she developed facial puffiness, including both lips. She was very dogmatic, that no other drugs were taken except the antiviral treatment and there was no change in food habit. The complete hemogram showed eosinophilia and increased ESR levels. Hence, immediately sofosbuvir & daclatasvir was changed to sofosbuvir 400 mg + Velpatasvir 100 mg combination. The patient facial puffiness and swelling of bilateral lips subsided completely within a week. As, sofosbuvir was in both the regimens, hence the allergic reaction in form of facial swelling was attributed to daclatasvir. It has been uncommonly reported with daclatasvir.

Conclusion: Our case report emphasizes the fact about need of strict vigil about drug reactions for both common and uncommon one. Hence, timely changes in the treatment are warranted for avoiding life threatening allergic reactions.

Keywords: HCV, Daclatasvir, Allergic reaction, Facial puffiness, Lip swelling, Eosinophilia.

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Introduction

Chronic hepatitis C infection is a major cause of chronic liver disease, cirrhosis and liver cancer as well as an important indication for liver transplantation. Sofosbuvir and daclatasvir [1,2] are new direct acting antivirals (DAAs) with a favourable safety and tolerability profile, which have significantly changed treatment for this condition. After entering hepatocytes, the viral genome of the hepatitis C virus (HCV) is translated into a single polypeptide.

This polypeptide is subsequently cleaved into viral proteins, including non-structural (NS) proteins NS3, NS4A, NS5B and NS5B RNA dependent RNA polymerase [3,4]. These viral proteins are essential for viral replication and assembly making them significant targets for therapy. Sofosbuvir is the first available inhibitor of NS5B RNA dependent RNA polymerase. Daclatasvir is an inhibitor of

NS5B. Sofosbuvir and daclatasvir are generally well tolerated with only a few adverse effects reported. The most common side effects reported with daclatasvir are fatigue, nausea, headache and insomnia[5]. The facial puffiness and swelling of bilateral lips are rarely seen.

Case Report

We report a case of twenty -year-old female, not a known case of any chronic illness, was incidentally detected to be suffering from chronic HCV infection on routine testing.

All her routine labs including complete hemogram, liver & renal function test, blood sugar, complete lipid profile, thyroid profile, serum electrolytes, urine examination, HbsAg, anti -HIV antibody, serum IgM HAV & HEV antibody test were normal but anti HCV antibody was positive. Her

ultrasonogram, Chest x-ray and Fibroscan score (6 Kpa) were normal. The HCV RNA quantitative viral load was 1×10^5 I.U./ml. She was started on 12 weeks sofosbuvir 400 mg + daclatasvir 60 mg daily once for 12 weeks. After two days of starting antiviral treatment, she developed facial puffiness, including both lips. She was very dogmatic, that no other drugs were taken except the antiviral treatment and there was no change in food habit. The complete

hemogram showed eosinophilia and increased ESR levels. Hence, immediately sofosbuvir & daclatasvir was changed to sofosbuvir 400 mg + Velpatasvir 100 mg combination. The patient facial puffiness and swelling of bilateral lips subsided completely within a week. As, sofosbuvir was in both the regimens, hence the allergic reaction in form of facial swelling was attributed to daclatasvir. It has been uncommonly reported with daclatasvir.

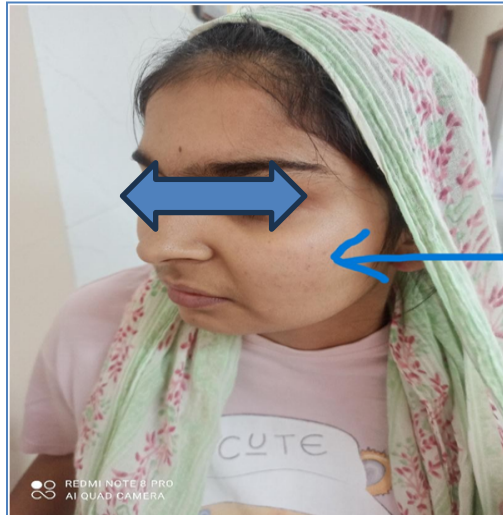


Figure 1: Showing Facial puffiness with swelling of lips due to Daclatasvir in HCV Patient

Discussion

The new direct acting antivirals (DAAs), defined as those drugs that are effective in combinations without interferon, have totally changed HCV treatment and probably in few years will also totally change global landscape of advanced liver diseases. The advantage of DAAs is a low-risk/high-benefit ratio. Although overall adverse events during DAAs treatment are limited in frequency and severity.

Daclatasvir (DCV), is NS5A inhibitor used in combination with SOF. It is usually well tolerated, with very few side-effects, mild to moderate in severity, such as headache and fatigue which are most common and are seen in 10% of patients. Other side effects include and nausea, chills, irritability, diarrhoea, insomnia, chest pain or discomfort, rarely bradycardia, facial puffiness and swelling of lips with hives[6,7]. Facial puffiness or swelling (angioedema) is considered a serious side effect of Daclatasvir and requires immediate medical attention. It is a sign of a potential allergic reaction or hypersensitivity.

Conclusion

Our case report emphasizes the fact about need of strict vigil about drug reactions for both common and uncommon one. Hence, timely changes in the

treatment are warranted for avoiding life threatening allergic reactions.

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