

Cryoglobulinemic Vasculitis After 6 Years of Sustained Virologic Response in a Post-Liver Transplant Patient

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Introduction

- **Cryoglobulinemic vasculitis (CV)** is caused by cryoglobulins that bind to polyclonal IgG and can damage multiple organ systems.
- It is associated with active **hepatitis C virus (HCV)** infections.
- Primary therapy is usually treatment of the underlying HCV.
- We present a rare case of CV occurring in a **post-liver transplant (LT)** patient who was treated for HCV with **sustained virologic response (SVR)** for more than 6 years.

Case Description

- A 67-year-old with history of HCV cirrhosis and hepatocellular carcinoma treated with LT in 2011 on tacrolimus, CKD3, HTN, HLD initially presented to an outside hospital with nausea, vomiting, and diarrhea which resolved with supportive care.
- She later developed arthralgias, a maculopapular rash, and left eye pain with orbital swelling.
- Notably, she was treated with ledipasvir/sofosbuvir and ribavirin which was completed 7/2015 with SVR achieved 12/2015.

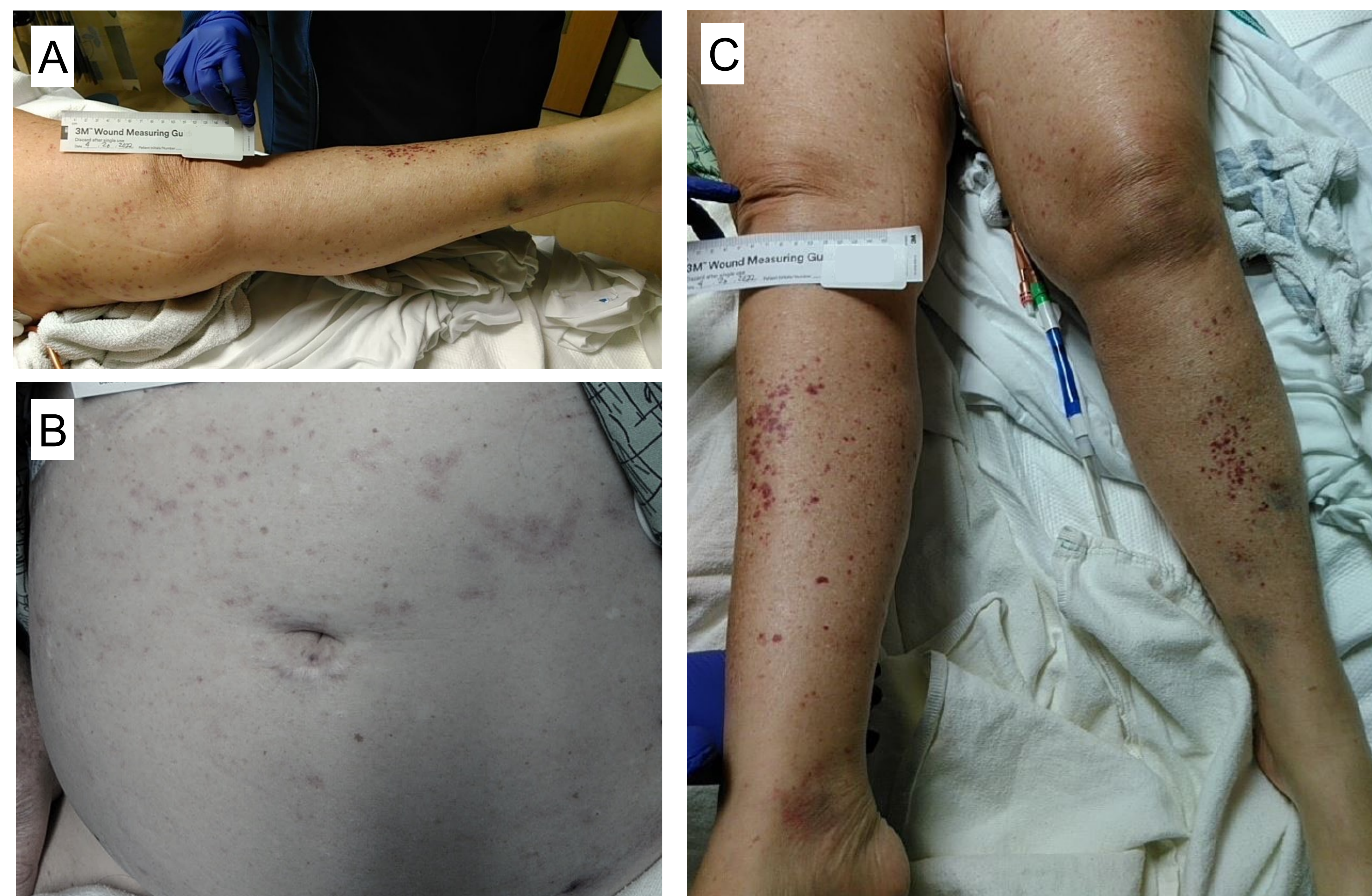
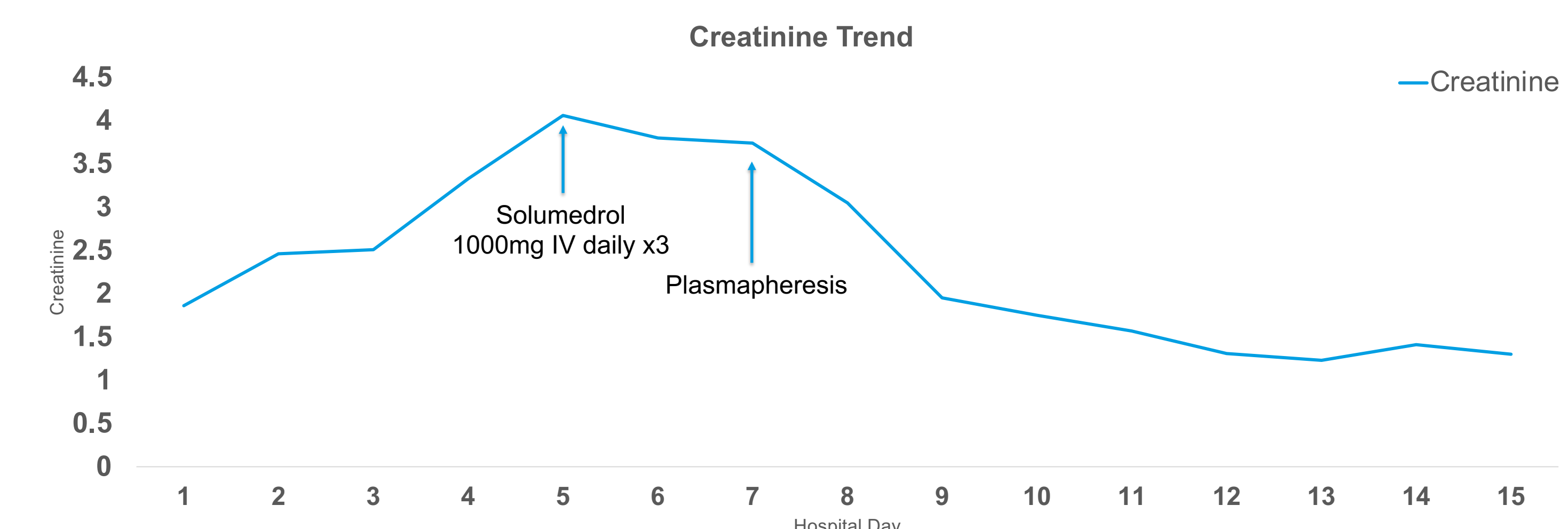
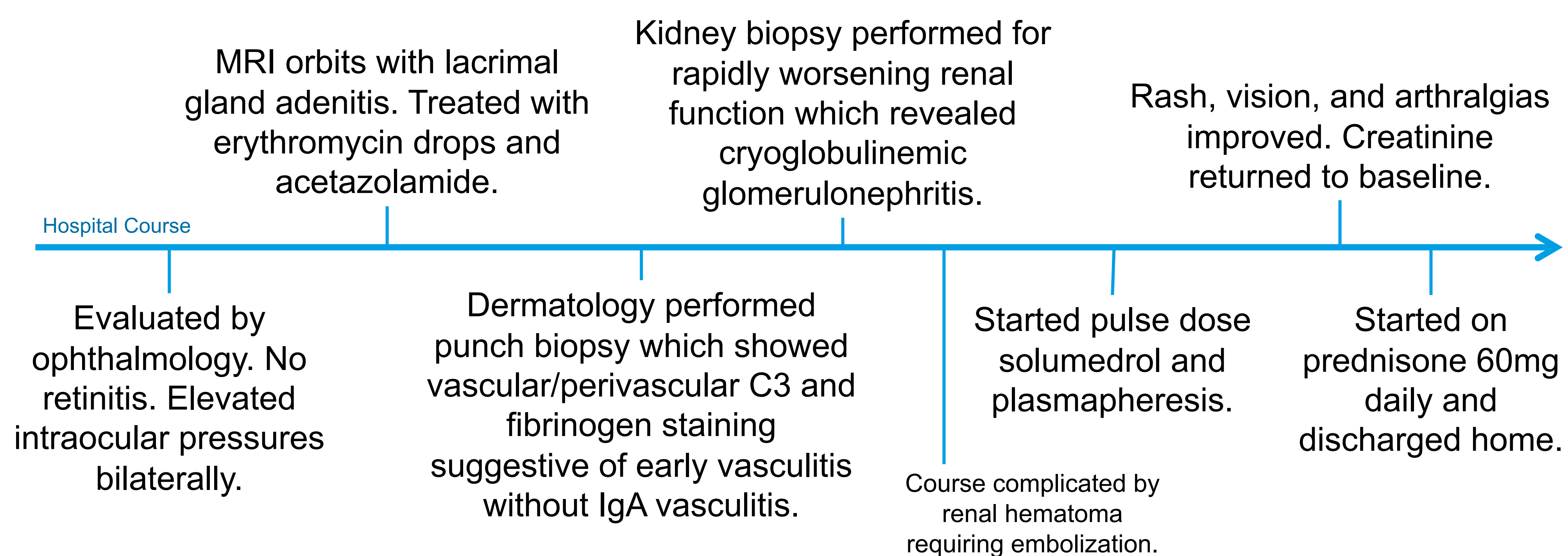


Figure 1: Maculopapular rash on presentation. A. Left leg. B. Abdomen. C. Lower extremities.



Discussion

- CV is typically associated with active HCV infection, but in rare cases **can be found in treated patients with SVR**.
- This case is also unique in that it involves a **post-LT patient on tacrolimus**, raising the question of the impact of tacrolimus in developing CV in a patient with SVR.
- **Multiple modalities of diagnosis** may need to be pursued if initial biopsies are not conclusive to establish effective treatment plans.

Overall, cryoglobulinemic vasculitis should remain on the differential even in patients with a treated HCV and SVR.