

Streszczenie w języku angielskim

Introduction

SLD is currently the most common cause of chronic liver disease worldwide, and its prevalence continues to rise in connection with the global epidemics of obesity and diabetes. The coexistence of SLD with chronic hepatotropic viral infections caused by HBV and HCV may alter the clinical course of the disease, the effectiveness of antiviral therapy, and long-term prognosis. Despite its major clinical importance, data on this relationship within European populations, including the Polish cohort, remain limited.

Aim of the Study

The aim of this dissertation was to assess the prevalence, clinical determinants, and impact of coexisting SLD on the course and treatment outcomes of CHB and CHC in real-world clinical practice.

Material and Methods

The analysis included two original studies, supplemented by one review article. The first retrospective study evaluated 273 patients with CHB treated with NAs across three Polish hepatology centers. The second study analyzed data from 688 CHC patients treated with pangenotypic DAAs between 2018 and 2024. In both studies, patients with and without coexisting SLD were compared in terms of demographic, clinical, biochemical, imaging, and therapeutic outcome parameters.

Results

In the CHB group, hepatic steatosis was present in 31.5% of patients and was associated with obesity, diabetes, and elevated aminotransferase activity. However, it did not affect the long-term efficacy of NA therapy, as measured by HBV DNA suppression. In the CHC cohort, SLD was identified in 42.2% of patients, most frequently among those infected with HCV genotype 3. These patients more often exhibited advanced fibrosis, poorer liver function parameters, and decompensation episodes. The rate of SVR was lower in patients with SLD (91% vs. 98.2% in ITT analysis); however, multivariate analysis revealed that genotype 3 infection and liver cirrhosis, rather than the presence of SLD itself, were independent predictors of treatment failure.

Conclusions

SLD is a common condition among patients with chronic hepatitis B and C, particularly those with metabolic comorbidities. In CHB, SLD does not significantly affect antiviral treatment efficacy, whereas in CHC, it is often associated with more advanced liver damage and an unfavorable clinical profile. Patients with chronic HBV and HCV infections should be routinely evaluated for SLD and modifiable metabolic risk factors. The data obtained from real-world clinical practice fill an important gap in European literature and may serve as a foundation for updating clinical recommendations and optimizing therapeutic strategies for patients with viral hepatitis and coexisting SLD.