weeks after the end of treatment. Effectiveness was assessed by sustained viral response (SVR), defined as undetectable viral load at 12 weeks after the end of treatment (SVR12).

**Results** In our hospital, 1410 patients were treated with DAAs, of which 24 needed to be portrayed with these, 75% male, with a mean age of 53 (38–75) years, 20 infected by genotype 1 (12 1a and 8 1b), three genotype 3 and one genotype 4: 38% presented baseline VL >800,000 IU/ml and 90% grade fibrosis ≥3 (38% F4). The therapies that failed were: ledipasvir/sofosbuvir (LDV/SOF)(12)+ribavirin (RBV) (three of them), daclatasvir/sofosbuvir (DCV/SOF) (five)+RBV (one), ombitasvir/paritaprevir/ritonavir/dasabuvir (OMB/Par/RIT/DAS) (four) and simeprevir/sofosbuvir (SMV/SOF)+RBV (three). Resistance was detected in five patients: Q80K (one), Q30H (one), Y93H (two) and substitution S556G (one). Failure was due to relapse except for one case of reinfection.

The rescue treatments were: LDV/SOF (seven), SMV/SOF (seven), OMB/Par/RIT/DAS (two), sofosbuvir/velpatasvir/voxilaprevir (SOV/VEL/VOX) (three) and glecaprevir/pibrentasvir (GLE/PIB) (one) in genotype 1, DCV/SOF (one), GLE/PIB (one) and LDV/SOF (one) in genotype 3 and SOV/VEL/VOX (one) in genotype 4. The duration of treatment was 24 weeks in 64% of cases. Eighty-eight per cent reached SVR12: for two patients we had no data and one died during the course of treatment.

**Conclusion** In our case the treatment with DAAs, after a previous failure of these, has turned out to be effective, consolidating other studies already published, but further studies with more patients are required.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**


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