Background and importance There has been a transformation in the treatment of HCV infection with the development of direct acting antivirals. However, there are still limited data to recommend treatments in patients with dysphagia or percutaneous endoscopic gastrostomy (PEG).

Aim and objectives To describe the safe administration of sofosbuvir/velpatasvir (Epclusa) through a G tube in a patient with HCV infection.

Material and methods This was a prospective observational study of a patient with a history of transaminase elevation who was evaluated in the digestive department for the treatment of HCV. Bibliographic research was conducted to find treatment options in patients with dysphagia or PEG. A brochure was created with the steps to be taken in the administration of HCV. Data were obtained from medical and analytical records (June 2006–October 2019). Monthly telephone follow-ups were conducted by a pharmacist during the 12 week treatment period.

Results A 53-year-old patient was diagnosed in 2006 with hepatitis C genotype 1a, stage 0 (L1, P2, F0) with a history of basal cell carcinoma in the upper lip and palate with left sub-total maxillectomy. In August 2012, PEG was placed for nutritional feeding. At the time of diagnosis, an expectant attitude was decided due to the appearance of neoplastic skin lesions. In June 2019, the patient showed chronic liver disease (HCV RNA 90 600 IU/mL) with advanced fibrosis (fibroscan score 90 kPa) and thrombocytopenia, so it was decided to start treatment with direct acting antivirals. No case was found in the literature. Sofosbuvir/velpatasvir once daily for 12 weeks was selected based on the patient’s HCV genotype, advanced fibrosis and treatment naïve status. According to the summary of product characteristics, sofosbuvir/velpatasvir tablet has neither a time sensitive release mechanism nor an enteric coating. The tablet was crushed into four parts, placed in a syringe with warm water and shaken until it dissolved. Then, 10 mL of water were administered to wash the remains of the syringe. The patient was instructed to self-administer one sofosbuvir/velpatasvir tablet every morning by PEG. The patient denied any missing doses and confirmed self-administration without difficulty. The patient completed the 12 week treatment with good tolerance and compliance.

Conclusion and relevance This is the first documented case in which crushed administration of sofosbuvir/velpatasvir through PEG has proved to be a safe option for the treatment of chronic HCV infection.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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