

Special Issue on  
**Chronic Viral Hepatitis and Metabolic  
Syndrome/Cardiovascular Risk**

# CALL FOR PAPERS

Chronic hepatitis C is associated with elevated risk of metabolic syndrome, particularly insulin resistance, liver steatosis, and type 2 diabetes mellitus (T2DM). Indeed, T2DM is considered to be an extrahepatic manifestation of chronic hepatitis C virus infection. Its prevalence in hepatitis C patients is multiple times higher than in general population, mainly in patients that do not respond to interferon based treatment and in patients with advanced liver fibrosis or cirrhosis. Patients with chronic hepatitis C have higher cardiovascular risk compared to general population and accelerated atherosclerosis is also considered to be an extrahepatic manifestation of chronic hepatitis C.

Multiple studies have described highly variable correlations between chronic hepatitis B on one hand and metabolic syndrome, nonalcoholic fatty liver, and dyslipidemia on the other. This association extends both ways, as metabolic syndrome, dyslipidemia, or T2DM worsens the clinical course and outcomes of chronic hepatitis B and C by acceleration of fibrogenesis and increasing the risk of cirrhosis and hepatocellular cancer (HCC). No association between chronic hepatitis B and diabetes mellitus has been described as of now. Patients with chronic hepatitis C and metabolic syndrome have achieved sustained virologic response (SVR) less frequently and if achieved, SVR has lowered the risk of T2DM in the future. The treatment of chronic hepatitis C by direct acting antivirals not only has led to the SVR in almost all of the treated patients but also has lowered glycemia, particularly in T2DM patients, and has improved fasting hyperglycemia. This treatment has also led to the decrease of the levels of triglycerides in patients with hypertriglyceridemia. Retrospective studies have shown that statin treatment reduces the risk for HCC in patients with chronic hepatitis B and C.

We especially welcome scientists to contribute original research articles and clinical studies as well as review articles describing the current state of the art in the field of chronic viral hepatitis and metabolic syndrome/cardiovascular risk. This special issue aims to attract both practitioners and researchers in the areas of hepatology, gastroenterology, infectious diseases, cardiology, diabetology, clinical virology, and internal medicine.

Potential topics include but are not limited to the following:

- ▶ Prevalence of metabolic syndrome, T2DM, prediabetes, or dyslipidemia in chronic hepatitis B
- ▶ Prevalence of metabolic syndrome, T2DM, prediabetes, or dyslipidemia in chronic hepatitis C
- ▶ Associations between metabolic syndrome and risk of HCC in patients with chronic viral hepatitis B or C
- ▶ Influence of metabolic syndrome, T2DM, prediabetes, or dyslipidemia on the clinical course of chronic hepatitis B or C
- ▶ Associations between cardiovascular risk and chronic hepatitis B or C
- ▶ Influence of statins administration on the pathogenesis, clinical course, and outcomes of chronic hepatitis B or C
- ▶ Influence of DAAs treatment on metabolic syndrome and its components in chronic hepatitis C

Authors can submit their manuscripts through the Manuscript Tracking System at <https://mts.hindawi.com/submit/journals/cjgh/hepatology/cvbm/>.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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**Submission Deadline**

Friday, 25 May 2018

**Publication Date**

October 2018