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**This is the author's manuscript**

*Original Citation:*

*Availability:*

This version is available <http://hdl.handle.net/2318/1704595> since 2019-06-18T10:16:00Z

*Published version:*

DOI:10.1111/odi.13099

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**Changing epidemiology of HCV infection in patient with oral lichen planus in North-West Italy.**

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Short title: HCV infection in OLP.

Computer system: Mac OS X, Version 10.14.3; Word-processor: Microsoft Word for Mac, Version 16.16.8

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**Key words:** HCV prevalence; oral lichen planus.

Dear editor,

oral lichen planus (OLP) is a chronic inflammatory condition, affecting roughly 1.5-2% of the total population, women almost more than twice as men; patients of all ages could be interested, more frequently in the fifth to sixth decades of life (Arduino, 2017).

In the past 20 years, several studies have investigated the possible association of hepatitis C (HCV) infection and OLP in different countries, producing conflicting results (Lodi *et al*, 2010). A recent meta-analysis examined the prevalence of anti-HCV antibodies in the serum of cases and controls from 2005 to 2015 (Alaizari *et al*, 2016): authors reported a summary estimate OR for all studies of 6.07 (95% CI: 2.73-13.48), showing a statistically significant difference in the proportion of HCV seropositivity among OLP patients.

During the 1990s, data collected in our unit described a prevalence of HCV antibodies in OLP patients (27.1%) as significantly higher than in control cases (4.3%) (Carrozzo *et al*, 1996); those data tended to reflect the strong existing association between lichen planus and chronic hepatic disease reported mainly in Southern Europe and in patients with erosive lesions (Gandolfo and Carrozzo, 2002).

Very recently we published a prospective analysis, conducted on a comprehensive sample collected from a Caucasian population resident in Turin, North-west Italy, (Arduino *et al*, 2017); the case group consisted of 307 OLP patients (histologically and clinically confirmed), all tested for HCV antibodies, between January 2015 and May 2017. Finally, eight (2.6%) subjects were found to have a positive HCV status, of whom 5 were female,

with an average age of 60 (SD=12); the proportion of aware subjects was of 87.5%, with only 1 patient unconscious of his status. This report is wholly different if compared with the previous obtained in the 1990s.

In general, studies performed during the 1990s in Italy showed a high prevalence of HCV infection in the over-all population, with a peak in the oldest cohorts, but an unswerving decrease in this prevalence has been reported in European countries in the last decade, indicating that the epidemiology of hepatitis C has distinctly changed (Esteban *et al*, 2008). A very recent survey was run in five Italian metropolitan areas (one of which was Turin), from November 2014 to December 2015, reported an overall prevalence of 2.3% of anti-HCV positive patients, with a peak prevalence (7.0%) observed in people born in the years 1935-1944 (Andriulli *et al*, 2018). As discussed by Authors, an argued issue is whether general screening programs might lead to a better control of HCV, but data from their paper did not appear to support the need for it.

Until now we regularly used to screen all new OLP confirmed patients for HCV antibodies, but probably this need should be revised bearing in mind latest epidemiological data, especially for younger patients.

**Conflict of Interest:** None declared.

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