
Preface

The 1980s saw the emergence of HIV as a devastating disease whose social, political, and scientific ramifications have globally impacted humankind. During the late 1980s and early 1990s, the role and significance of liver disease in the setting of HIV merited little more than a footnote as huge numbers of people died of AIDS-related complications. My own nascent research in the area of hepatitis virus infections in the liver was discouraged by some senior mentors, who considered research effort to study liver disease in patients who faced certain death from AIDS to be both useless and futile. Despite these admonitions, a small cadre of physician-scientists in the USA and Europe were drawn to the scientific window afforded by this experiment of nature that permitted study of liver disease in the setting of a rapidly declining immunologic milieu. The urgency of our investigations was driven by the tragic plight of the patients afflicted with this terrible disease. During this same time period, the hepatitis C virus was “unlocked” and characterized using newly developed molecular tools, which opened the door to study this virus in the setting of HIV infection. New methods also permitted a fresh look at hepatitis B, which had been described early in the AIDS epidemic as a nonissue. By 1991, the era of treating HCV and HBV with nonspecific antiviral agents such as interferon alfa had begun, and most investigators focused on one viral disease and not the mix of two or even three in one individual.

The early 1990s witnessed the emergence of targeted treatments for HIV culminating in the development of multidrug “cocktails” that provided effective suppression of HIV replication. This suppression was accompanied by reemergence of T-helper cells resulting in immune reconstitution among those whose declining CD4 levels had led to development of overt AIDS complications. This miracle of medicine changed the lives of hundreds of thousands of people whose prior death sentence was converted to life with a chronic disease. Suddenly, people with HIV infection had a future, but by the late 1990s it became apparent that their future was somewhat clouded by the recognition that other comorbid conditions could affect survival. As rates of *Mycobacterium avium*, cryptococcal meningitis, and Kaposi’s sarcoma declined, liver disease, coronary artery disease, and other metabolic disorders emerged and took on greater importance. Multiple epidemiologic studies suggested that liver disease was the leading or second most important cause of morbidity and mortality among those with HIV in countries and cohorts where antiretroviral therapy was available. The etiologies were multifactorial; hepatitis C and hepatitis B are now considered the most important etiologic entities, but direct hepatotoxicity from antiretroviral drugs is an important cofactor, as is alcohol-associated liver injury.

The genesis of a book on HIV and Liver Disease is derived from a series of NIH-supported conferences which were designed to bring together a cross-disciplinary mix of experts to address issues of liver disease in this population of patients. The experts, which included hepatologists, infectious disease physicians, epidemiologists, toxicologists, government regulatory experts, and drug-developers from industry and academia discussed, debated, and synthesized the information and defined the course of future research efforts. Meetings were held in 2006,

2008 and 2010. Many of those experts contributed to this book, which attempts to comprehensively describe the state of the field, identify the gaps in knowledge and provide insights into how these deficiencies might be addressed.

The book begins by defining the current state of the HIV epidemic and the importance of liver disease in 2011. It summarizes the treatment and management of HIV and then focuses on the assessment of liver injury, including a detailed description of liver pathologies in those with HIV. Next is a series of chapters that examine mechanisms of liver injury focusing on those with the greatest impact in the HIV-infected patient. The role of hepatotropic viruses and the host genetics are discussed. The material includes interesting new information regarding HIV's direct effects on the liver. There is an excellent chapter that summarizes recommendations regarding practical management and prevention of hepatitis viral infections in those with HIV and a chapter that focuses on the recognition and management of the patient with advanced liver disease. Treatment is also given to drug hepatotoxicity. The last chapters of the book move to social, psychological, and behavioral issues including management of drug and alcohol abuse, an examination of racial disparities in HIV and liver disease and a discussion of quality-of-life issues that impact our patient's well-being, even when the effects are difficult to measure.

"HIV and Liver Disease" is designed to be a useful reference for all health-care providers who manage patients with HIV. For those less familiar with issues related to liver disease, it will serve as a guide to evaluation and management. For the cognoscenti, those physician-scientists who have contributed to this field, the text will provide an up-to-date source for describing where we are, and in what direction the field is moving. For the student, it will hopefully provide a roadmap to discover the excitement of this rapidly evolving field.

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