Aim: Hepatitis infection has a high prevalence in patients with non-Hodgkin lymphoma. Our objective is to evaluate clinical characteristics and survival of patients diagnosed with diffuse large B-cell lymphoma (DLBCL) who are hepatitis B and/or C (HBV/HCV) positive.

Methods: We reviewed 224 patents diagnosed with DLBCL in our hospital between October 1982 and September 2013. Clinical, treatment and following items were obtained.

Results: We found 21 positive HBV and/or HCV (9.3%) [4 of them (1.78%) were both positive], and 203 (90.7%) negative virus (NV), without significant differences in baseline characteristics. 14 patients (67%) with HBV-C were diagnosed in stages III and IV, while 78 (40.1%) of NV were diagnosed in advanced stages. Significant differences were found in number of nodal regions affected, 4 in HBV/HCV positive vs 2 in NV, and in liver involvement which was greater in HBV/HCV positive (28.6% vs 10%, p = 0.028), 55.9% patients (n = 105) with NV were treated without rituximab, while 36.8% patients (n = 7) with positive virus were treated without rituximab, and 63.2% (n = 12) with rituximab. The others patients were treated with surgery, radiotherapy or did not receive any treatment due to poor performance status and comorbidities. Neither was any differences found with respect to response or number of relapses. We did not find significative toxicity after chemotheraphy, and there were no differences regarding the presence or absence of hepatitis virus. Liver toxicity was mainly grade 0-2. Liver toxicity grade 3 or more was found only in 1 patient. In the long term follow up of patients alive we did not find significative long-term liver complications grade 3 or more in any patient of the two groups. There were no differences in the study of the causes of death either. No significant differences in the relative risk of death associated with virus (HR 0.87 (CI 95% 0.40-1.89, p = 0.73) and the relative risk of events associated with virus (HR 0.96 (CI 95% 0.48-1.90, p = 0.91) were found. No significant differences were found with respect to the probability of overall or disease free survival.

Conclusions: Despite the differences found with respect to the stage, total number of nodal regions affected and liver involvement, HBV/HCV positive and VN DLBCL patients should receive the same treatment and they respond and evolve equally.

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