



Hepatitis C

Hepatitis C Progression

Having hepatitis C virus (HCV) does not necessarily mean that a person will develop serious liver complications. What's more, it can take several years—decades, in many cases—for hepatitis C to cause life-threatening liver problems.

Soon after HCV enters the body, it infects cells in the liver called hepatocytes. About 25% of people are able to clear the virus naturally, but a majority will develop chronic hepatitis C, meaning continued infection unless they are treated.

Only a minority of people have symptoms during acute or early chronic HCV infection. But many people do have elevated liver enzymes, a sign of liver inflammation. Over time, chronic hepatitis C can lead liver fibrosis (buildup of scar tissue), cirrhosis and liver failure. As liver disease progresses, people may develop worsening [signs and symptoms](#), including fatigue, nausea, loss of appetite, “brain fog,” muscle or joint aches, itchy skin, easy bleeding or bruising, fluid accumulation in the lower extremities (edema) and jaundice (yellowing of the skin and eyes).

Some 10% to 20% of people with untreated hepatitis C will develop [cirrhosis](#) (also known as Stage F4 fibrosis), which occurs when scar tissue replaces functional liver cells. Over time, more and more normal tissue is replaced by scar tissue, obstructing the flow of blood through the liver and affecting its structure and function. Blood can back up in the digestive tract, leading portal hypertension, or high blood pressure in the main vein serving the liver.

Compensated cirrhosis means the liver can still perform its important functions, such as filtering toxins, managing sugar and fat metabolism and controlling blood-clotting factors. Decompensated cirrhosis, or liver failure, occurs when the liver can no longer carry out its vital work. In the most severe cases, people may need a [liver transplant](#).

Symptoms of advanced cirrhosis may include a bloated belly from fluid buildup (ascites), bleeding from enlarged blood vessels in the esophagus and stomach (varices) and cognitive impairment—and even coma—due to buildup of toxins in the brain (hepatic encephalopathy).

People with liver disease are at increased risk for hepatocellular carcinoma (HCC), the most common type of [liver cancer](#). Studies show that people with chronic hepatitis C are also more likely to develop other health problems, including cardiovascular disease.

It typically takes around 20 to 30 years for a person with hepatitis C to develop advanced cirrhosis,

but several factors can accelerate its progression, including older age, obesity, heavy alcohol use and compromised immunity. People living with HIV are less likely to naturally clear HCV and more likely to experience liver disease progression. Click [here](#) to learn more about [HIV/HCV coinfection](#). People who have both hepatitis B and C are also more prone to worse liver disease.

Although cirrhosis is not always life-threatening, between 1% and 5% of people with untreated chronic hepatitis C will die from liver cancer or liver failure. Effective antiviral treatment can slow or halt liver disease progression, but it does not always fully reverse existing damage, especially if a person has already developed cirrhosis. The good news is that people who are treated and cured before they develop cirrhosis have a life expectancy similar to that of the general population.

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