Table 2. Papers that evaluated the interrelationship among HCV infection, MC, TD and AITD

Field of interest	Author	Main findings
Association between HCV infection and development of TD and AITD	Giordano et al[5]	Thyroiditis risk is significantly increased in male HCV+ in comparison with uninfected patients
	Antonelli et al[15]	Higher prevalence of TSH, AbTg and AbTPO levels, and hypothyroidism in HCV+ patients (p <0.001 for all)
Association between MC+HCV and development of TD and AITD	Codes et al[6]	HCV+ patients, genotype 3, develop TD with a prevalence rate of 23.3% (p = 0.05) and MC in 38% of cases (p = 0.02)
	Zarebska-Michaluk et al[7]	HCV+ patients develop AITD with a prevalence rate of 16.2%, and MC in 37.1%
	Castellano et al[9]	Case report of hypothyroidism, hemolytic anemia and cryoglobulinemia in a patient with HCV infection
	Antonelli et al[10]	Higher prevalence of AITD in patients with MC+HCV, not only with respect to controls (AbTPO 28% *vs* 9%, p = 0.001; AbTPO and/or AbTg 31% *vs* 12%, p = 0.004; thyroid autoimmunity 35% *vs* 16%, p = 0.006; subclinical hypothyroidism 11% *vs* 2%, p = 0.038), but also with respect to HCV+ patients without cryoglobulinemia (AbTPO 28% *vs* 14%, p = 0.035)

AbTg: anti-thyroglobulin antibody, AbTPO: anti-thyroperoxidase antibody, AITD: autoimmune thyroid disorders, HCV: hepatitis C virus, HCV+: HCV positive patients, MC: mixed cryoglobulinemia, MC+HCV: HCV-related MC, TD: thyroid dysfunctions, TSH: thyroid-stimulating hormone.