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Hepatitis b reactivation rate in patients using anti tnf theraphy: Evaluation of patients not received anti viral prophylaxis

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INTRODUCTION: Hepatitis B virus reactivation (HBVR) is an important condition that can be seen under immunosuppressive therapy. HBVR characterized by necroinflammation of the liver and viral replication and may complicated with in liver failure and death. The risk of HBVR in Hbsag-positive patients using tumor necrosis factor inhibitors (Anti-TNF) is reported as 10% -40%. Prophylactic antiviral treatment is a rational approach in this patients. The risk of HBVR in patients with resolved infection (Anti-Hbs positive and anti Hbc IgG positive) or isolated anti Hbc IgG seropositivity (Anti-Hbs negative and anti Hbc IgG positive) reported as 0-5%. However, there is no standard approach in patients with resolved infection and isolated anti Hbc IgG positivity. İn this study we aim to investigate HBVR rate in patients treated with anti-TNF and not receiving prophilactic anti viral theraphy.

METHODS: 653 patients who received anti-tnf treatment due to inflammatory diseases were screened retrospectively for hepatitis B virus (HBV) serology. İn pre-treatment period patients who did not undergo serologic screening (n:86), have negative serology (n:460) and received prophylactic treatment (n:15) in terms of HBVR risk were excluded. During follow-up and anti TNF treatment period, liver function test and if elvaluated Hbsag status, HBV DNA level was recorded. HBVR defined as three fold ALT elevation from baseline and Hbsag reverse conversion or 1 log increase in HBV DNA level.

RESULTS: 90 patients included in study. Of the patients included in the study, 52 (53%) were Male and 48 (47%) were female. The diagnoses were ancylosing spondylitis in 56% (n:51), inflamatory bowel disease in 14.4% (n: 13), rheumatoid arthritis (n: 17) in 18.8% and psoriatic arthritis in 10% (n: 9). 28.8% (n: 26) of patients were treated with etanercept, 34,4% (n: 34) with adalumumab, 14,4% golimumab (n: 13), 10% with certolizumab pegol (n:9) and 8,8% with infliximab (n: 8). 32.3% patents were treated with combination of anti TNF and İmmunomodulators (Azathioprine, Methotrexate) or steroid (methil prednisolon or prednison <7,5 mg/day) theraphy. Mean duration of anti TNF theraphy was 26±16 month. Reseolved HBV infection was detected in 87.8% (n:79) and isolated anti Hbc IgG seropositivity in 12,2% (n:11) of patients. During follow-up all patients were evaluated in terms of ALT evaluation wheras only %15 (n:14) of patients were followed with HBV DNA level. No HBVR was detected during follow-up.

CONCLUSION: Although no HBVR was detected in our study, patient with resolved HBV infection may have very low risk associated with HBVR and may be followed with HBV DNA level. But due to presence a few isolated anti-Hbc positivity patients in study and low rate follow-up with HBV DNA level, we did not have comment about strategy (follow-up or antiviral prophylaxis) againist HBVR in isolated anti Hbc IgG positive patients.

Keywords: Hepatitis b, Reactivation,Anti TNF

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