P-055

Comparison of antivirals in prophylaxis of HBV reactivation in patients receiving immunsuppressive therapy

M. Aladag, M. Harputluoglu, A.R. Caliskan, M.A. Erdogan, Y. Bilgic, O. Yildirim, Y.F. Cagin, Y. Seckin, M. Karincaoglu

Inonu University Faculty of Medicine, Malatya, Turkey

INTRODUCTION: HBV reactivation is a serious problem in immunosuppressive (IS) treated patients. The guidelines recommend the use of nucleoside (t) id analogs to prevent reactivation in patients undergoing immunosuppressive therapy. In this study, we aimed to compare the efficacy of antivirals in patients receiving immunosuppressive therapy. Current guidelines recommend the use of prophylactic nucleoside (t) id analogs in the prevention of hepatitis B virus (HBV) reactivation due to immunosuppressive (IC) therapies. There is no prospective randomized study evaluating the efficacy of tenofovir disoproxil fumarate (TDF) in this indication and its recommendations are based on experience with chronic HBV treatment. The aim of this study was to compare the efficacy of TDF and entecavirine (ECV) in preventing HBV reactivation in patients receiving IS.

METHODS: The patients who were diagnosed as HBsAg and / or Anti-HBc IgG positive and who had HBV prophylaxis treatment according to current guidelines were included in the study. Hepatitis C, viral hepatitis D, HIV, chronic HBV infection and those under the age of 18 were not included in the study. Lamivudine 100 mg, Entecavi 0.5mg or Tenofovir fumarate 245MG / day (TDF) were given before immunosuppressive treatment. The antiviral treatment was continued during the treatment according to the risk status for HBV reactivation and for 6-12 period after the end of treatment. The patients were followed up every 3 months and their side effects and HBV reactivation rates were compared.

RESULTS: The mean age of the patients was 54 (20-84). Tenofovir was given to 90 cases, Entecavir to 45 patients and Lamivudine to 15 cases. There was no significant difference between the groups in terms of gender and age. HBsAg positivity was 60% in the Lamivudine group, 57% in the Entecavir group, and 62% in the Tenofovir group. Anti-HBc Ig G positivity was respectively (Lam 47%, TDF 38% and EC 45%). The HBeAg positivity was Lam 2.3%, TDF 3.2% and EC 4. The reactivation risk profiles for HBV were similar between the groups. The majority of patients in all three drug groups received prophylactic antiviral treatments. Few cases failed to complete their treatment. Similarly, in all three drug groups, death was observed due to primary disease in very few cases. HBV reactivation was not observed in any cases with Tenofovir and Entecavir, and only one patient who received Lamivudine had HBV reactivation. All drugs were well tolerated. No side effects were seen during the prophylactic treatment. The most common side effects related to drugs were headache, insomnia, abdominal pain, loss of appetite, itching and skin rashes in very few cases.

CONCLUSION: In patients receiving immunosuppressive therapy, HBsAg and / or Anti-HBc Ig G positive antiviral drugs used for HBV prophylaxis were found to be very effective and safe drugs and no HBV reactivation was found during treatment. As a result, it was concluded that the appropriate dose and duration of antiviral drugs were effective and safe in appropriate cases.

Keywords: Hepatitis B, Immunosuppressive therapy, Reactivation, Prophylaxis, Tenofovir, Entekavir

DOI: 10.5152/tjg.2019.61