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UNUSUAL FORMS OF OCCULT HBV; IMPACT ON HEPATOCELLULAR CARCINOMA

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Introduction: Hepatitis B virus (HBV) infection is a global health problem. Estimates indicate that around a third of the world's population has past or present HBV infection. Approximately 240 million people are chronic HBV surface antigen (HBsAg) carriers, with a large regional variation of HBsAg positive patients between low (2%) and high (8%) endemicity levels. In the advent of molecular diagnostics, it has been shown that a number of individuals may harbour HBV-DNA at very low levels in their liver and/or serum during acute self-limited or chronic HBV infection despite the absence of detectable HBsAg by currently available assays. This is termed occult hepatitis B infection (OBI). HCC is currently the main concern for diagnosed CHB patients and may develop even in patients who have been effectively treated.

Aim of the work: The aim of the present work was to demonstrate different forms of occult HBV, to compare prognosis of each type and development of hepatocellular carcinoma.

Patients & Methods: 60 patients with hepatitis B core antibody positivity were divided into two groups according to HBV PCR and HBV surface antigen. Group A: 20 patients with hepatitis B surface antigen positive and negative HBV PCR. Group B: 20 patients with negative hepatitis B surface antigen and a negative PCR. Group C: 20 patients with HBV surface antigen positive and positive HBV PCR. Complete HBV serological profile was done to all patients initially for diagnosis and every 3 months for follow up to 2 years. HBV PCR in serum was done initially for diagnosis and every 3 months for follow up for 2 years. In group C patients were selected with a HBV PCR in serum below 2000 IU/L. HBV PCR in liver tissue was done in group B initially for diagnosis of alpha-featal protein (AFP), abdominal ultra sound were done initially and every 3 months up to 2 years as a follow up. Triphasic CT abdomen was done every 6 months for 2 years.

Results: The results are mentioned in table.

OBI Status	HBV s ag+	Anti-HBs	Anti-HBc+	HBeAg	Anti-HBe
Group A	100%	0%	100%	negative	100%
Group B	0%	5%	100%	negative	95%
Group C	100%	0%	100%	negative	100%

Table

All cases of occult HBV infection in group B were due to genotype D virus, HBV cccDNA was detectable in the tissues of 12 of 20 patients, as measured by real time PCR and expressed as DNA copies per microgram of liver tissue with a mean 23 copies. During follow up, one patient developed HCC upon follow up of all groups and belongs to group A, however this patient was the only cirrhotic in all groups. One patient in group B developed HBS antibodies with complete cure and persistence of core antibody and HBe antibodies. One patient in group C developed high levels of HBV DNA with normal ALT indicating liver biopsy which revealed grade IV fibrosis and Entecavir 0.5 mg was prescribed to the patient till now.

Conclusions: Our study revealed the occurrence of occult HBV in the absence of any serologic evidence of infection. Follow up of the patients is mandatory as HCC can develop despite serum PCR negativity. Liver biopsy is mandatory in patients with normal ALT to determine the actual need for treatment or in patients with only HBV core antibody positivity to confirm the diagnosis

Biography

Dr. Marwa Ibrahim was Graduated from Faculty of medicine, Alexandria University, Egypt as Medical Doctor 2005, with the specialties including Tropical Medicine, Hepatology, gastroenterology and infectious diseases with 3 years of residency in Alexandria main university hospitals as an intern of tropical medicine, gastroenterology and hepatology and Master degree in tropical medicine from the University of Alexandria 2010. Later on she worked as an assistant lecturer of Tropical medicine, Faculty Of Medicine, Alexandria University Egypt 2010-2014 till she obtained her MD from University of Alexandria in non-surgical treatments of hepatocellular carcinoma

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