

中文題目:一個腎病症候群患者在接受類固醇治療後的B型肝炎再活化
英文題目:HBV reactivation after steroid therapy for a patient with nephrotic syndrome

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Back ground: Minimal change disease (MCD) counts for 10 to 15% of cases of primary nephrotic syndrome (NS) in adults. The mainstay treatment for adult MCD is steroid, a drug which could lead to reactivation of Hepatitis B virus (HBV). The prevalence of HBV carrier in Taiwan was 15~20% in the general population before the widespread vaccination era.

Should the prophylactic anti-HBV therapy be given to those HBV carriers with NS before the immunosuppressant therapy? Here, we present one case as a HBV carrier has HBV reactivation after steroid therapy for MCD.

Case presentation: A 41-year-old man, who is an occult HBV carrier, visited our nephrology outpatient department because of foamy urine and generalized edema for days. Laboratory data revealed: albumin: 2.4 g/dl, Total cholesterol: 313 mg/dl; Triglyceride: 157 mg/dl; and the daily urine protein loss was 3740 mg/day. Renal biopsy arranged made the diagnosis of MCD. Steroid therapy was then started.

The followed daily urine protein loss decreased dramatically to 249 mg/day after 3 weeks steroid treatment. However, elevated liver enzymes (ALT 142 IU/L; AST: 47 IU/L) were noted 7 more weeks later. Steroid treatment was hold immediately. But the HBV DNA level was detected and the liver enzymes were even increased as ALT 2380 IU/L; AST: 1111 IU/L at week 13. The antiviral therapy with Entecavir was started. His liver enzymes returned to normal range under 15-week Entecavir treatment and the viral load was undetectable 3 more months later.

His NS relapsed 11 months later after holding steroid, thus steroid was started again but with concomitant Entecavir. Complete remission was attained this time without exacerbation of liver functions.

Conclusion: This occult HBV carrier had severe hepatitis caused by HBV reactivation which was induced by steroid. But no more HBV exacerbation attacked during his 2nd time of steroid treatment for NS with Entecavir. Screen for the status of hepatitis virus infection is mandatory before starting immunosuppressive therapy for any disease, especially in Taiwan. Since that impaired liver functions, fulminant hepatic failure, or even death may occur if reactivation of hepatitis virus happens, the prophylactic anti-hepatitis viral therapy can be used for those carriers who need immunosuppressive therapy.