中文題目:合併使用年齡及 B 型肝炎表面抗原濃度來預測病人接受核苷類似物治療引發 e 抗原消失/反轉後的肝炎復發率

英文題目: Combination of age and HBsAg level predict post-treatment HBV relapse in patients with nucleos(t)ide analogue-induced HBeAg loss/seroconversion

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Background: Previous studies have indicated that lamivudine-induced hepatitis B e antigen (HBeAg) seroconversion may not be durable in the Asian population. We investigated the useful predictors of post-treatment hepatitis B virus (HBV) relapse in patients with nucleos(t)ide analogue (NA)-induced HBeAg loss/seroconversion.

Methods: A total of 152 non-cirrhotic patients with NA-induced HBeAg loss/seroconversion (78, lamivudine; 63, entecavir; 11, telbivudine) during treatment between 2004 and 2010 were retrospectively analyzed. All patients had at least 12 months of post-treatment follow-up and consolidation therapy duration.

Results: Multivariate analysis revealed that age and baseline hepatitis B surface antigen (HBsAg) levels independently predicted post-treatment HBV relapse. The post-treatment HBV relapse rate was significantly higher in patients aged >40 years than in those <40 years ($p < 0.001$). A baseline HBsAg level of 2,500 IU/mL was the optimal cut-off value for predicting post-treatment HBV relapse ($p = 0.016$). The post-treatment HBV relapse risk further increased with the presence of both risk factors (age ≥ 40 years and baseline HBsAg level ≥ 2,500 IU/mL; $p < 0.001$). A prolonged consolidation therapy period of ≥ 18 or 24 months had no positive effect on sustained viral suppression. There was no significant difference in post-treatment HBV relapse rates between patients with lamivudine- and entecavir-induced HBeAg loss/seroconverion during the off-treatment follow-up ($p = 0.31$).

Conclusion: The combination of an age > 40 years and a baseline HBsAg level > 2,500 IU/mL was a useful marker for predicting post-treatment HBV relapse in patients with NA-induced HBeAg loss/seroconversion.