Lamivudine Is Not Effective in the Treatment of Non-Cirrhotic HBeAg (-) Chronic Hepatitis B Patients with Low Level Viremia
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Background: A subgroup of non-cirrhotic e-minus chronic hepatitis B (CHB) patients shows persistent ALT abnormalities despite undetectable HBV DNA by hybridization assays. The effect of antiviral treatment in these patients is not well established. Very sensitive real-time PCR assays may have an impact in the evaluation of the treatment in these pts.

Patients and Methods: 18 HBsAg (−), HBV DNA < 5 pg/ml CHB patients with persistently elevated ALT levels were included. Fourteen of them received 1 year lamivudine treatment (150 mg/qd) while remaining 4 patients had at least 1 year of follow-up without any treatment. Four of 14 treated patients had also more than 1 year of follow-up period before lamivudine treatment. Hence, we compared 14 treatment periods with 8 control periods in a total of 18 patients. HBV DNA was measured by real-time PCR (100 copy/ml) at baseline and at the end of the treatment/control periods.

Results: Mean baseline HBV DNA levels of treatment vs. control periods were similar (3.9 × 10⁴ ± 9.6 × 10⁴ vs. 8.4 × 10⁵ ± 2.3 × 10⁵, respectively). None of the lamivudine treated but two control patients had >2 log decrease at the end of the treatment/control periods. Two of 14 (14%) treated patients had ALT normalization while no change in ALT was observed during 8 control periods.

Conclusion: Lamivudine is not effective in the treatment of e-minus CHB patients with low level viremia. Lamivudine does not seem to further enhance the immune response-mediated inhibition of viral replication in these patients.