

Case discussion

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Gastroenterologist

GLMS

Mr GH

- 54 year old man
- HBeAg positive chronic hepatitis B
- Regular 6 monthly surveillance via Hepatitis Foundation
- ALT has always been normal
- April 2017, isolated ALT rise to 70, other LFTs normal, synthetic function normal
- June 2017, ALT 121
- Patient asymptomatic

Question 1: What would you do now?

- A) Continue to monitor
- B) Fibroscan
- C) Start him on antiviral treatment
- D) Look for alternate causes
- E) USS

Pharmac criteria for starting antiviral treatment

INITIAL APPLICATION

Applications only from a gastroenterologist or infectious disease specialist. Approvals valid without further renewal unless notified.

Prerequisites (tick boxes where appropriate)

Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months)

and

Patient is Hepatitis B nucleoside analogue treatment-naive

and

Entecavir dose 0.5 mg/day

and

ALT greater than upper limit of normal

or

Bridging fibrosis (Metavir stage 3 or greater or moderate fibrosis) or cirrhosis on liver histology

and

HBeAg positive

or

patient has a minimum of 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology

and

No continuing alcohol abuse or intravenous drug use

and

Not co-infected with HCV, HIV or HDV

and

Neither ALT nor AST greater than 10 times upper limit of normal

and

No history of hypersensitivity to entecavir

and

No previous documented lamivudine resistance (either clinical or genotypic)

Progress

- Patient reluctant to start on entecavir
- ALT continued to be high (~150)
- Eventually started on Entecavir Nov 2017
- HBV DNA pretreatment >8 logs
- Repeat Dec 2017 = 5.6 logs
- ALT Dec 2017 = 202 (!)

Question 2: What would you do now?

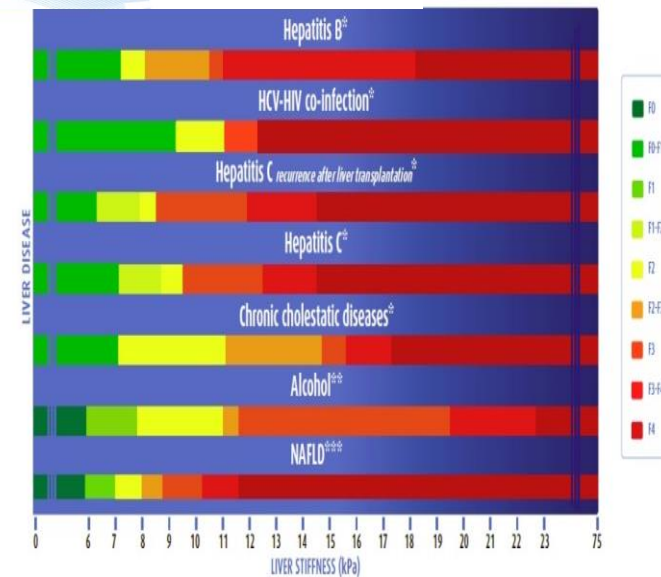
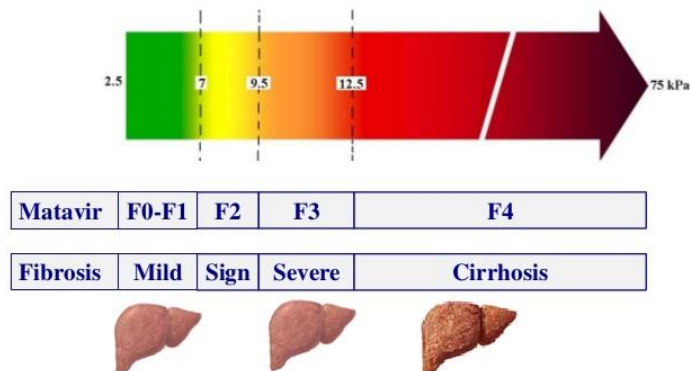
- A) Continue to monitor
- B) Fibroscan
- C) Ultrasound
- D) Look for alternate causes

Fibroscan

- ALT High
- Is the Diagnosis Correct
- Any other causes?



Liver stiffness cut-offs in chronic liver diseases



Progress

- USS: fatty liver, multiple small gallbladder polyps, no signs of portal hypertension
- Liver screen completed:
- ANA positive 1:80
- Ceruloplasmin 0.16 (0.22-0.58)
- 24 hour urine copper normal
- Advised to continue treatment, will consider liver biopsy if things don't settle

Reviewed in January 2018

- ALT 238
- Liver biopsy: moderate fatty change with steatohepatitis, mild changes of chronic hepatitis B, moderate fibrosis (stage 2)

Question 3: What would you do now?

- A) Continue to monitor
- B) Advise patient to lose weight
- C) Review the liver biopsy
- D) Penicillamine challenge

Mar 2018

- ALT 91
- HBV DNA pending