Govaresh/ Vol. 11, No. 3, Autumn 2006; 191-198

Long-term Efficacy of Treatment with Lamivudine in HBeAg-Negative Patients with Decompensated Cirrhosis Due to Chronic Hepatitis B

Montazeri Gh[1], Farzadi Z[2], Abedian Sh[2], Fazlollahi A[2], Malekzadeh R[3]

[1] Associate Professor, Digestive Disease Research Center, Tehran University of Medical Sciences
[2] Research Assistant, Digestive Disease Research Center, Tehran University of Medical Sciences
[3] Professor, Digestive Disease Research Center, Tehran University of Medical Sciences

ABSTRACT

Background

The prognosis of patients with decompensated cirrhosis due to hepatitis B is very poor. It has been shown that lamivudine can improve liver function and delay the need for liver transplantation in HBeAg-positive patients with decompensated cirrhosis. However, information regarding long-term use of lamivudine in HBeAg-negative patients with cirrhosis is limited. The primary objective of this study was to evaluate the long-term efficacy of lamivudine in HBeAg-negative/HBeAb-positive patients with decompensated cirrhosis.

Materials and Methods

54 consecutive HBeAg-negative/HBeAb-positive patients with decompensated cirrhosis were enrolled into this study. All patients were treated with 100 mg lamivudine per day. Significant clinical improvement was defined as a decrease of at least 2 points in Child-Pugh-Turcotte (CPT) score. Repeated-measure one-way analysis of variance was used to evaluate the effect of time interval of lamivudine treatment on different variables. Kaplan-Meier survival analysis and Mantel-Cox test were used to further analyze the data.

Results

The mean±SD age of patients was 50.6±13.2 years. There were 40 male and 14 female patients. The median follow-up was 29 (range: 6-64) months. CPT score, MELD score and blood chemistries changed significantly after 6 months of therapy. The favorable changes were continued up to 2 years. In spite of worsening after 3 years, within subject effects measured by repeated-measure ANOVA, were significant for patients who have received lamivudine for 4 years or more.

Conclusions

Long-term lamivudine therapy improves liver function in HBeAg-negative/HBeAb-positive patients with decompensated cirrhosis.

Keywords: Chronic hepatitis B, Decompensated cirrhosis, Lamivudine

Govaresh/ Vol. 11, No. 3, Autumn 2006; 191-198

Received: 18-9-2006 **Edited: 11-1-2007** **Accepted: 11-1-2007**

INTRODUCTION

Chronic infection with hepatitis B virus (HBV) is a major health problem worldwide with approximately two billion people infected. Three-hundred and sixty million of these people are chronic carriers of HBV, resulting in over 470,000 deaths from cirrhosis or liver cancer.(1, 2), Progression to cirrhosis accounts for an annual rate of 8%-10% in HBeAg-negative chronic hepatitis

Corresponding author:
Digestive Disease Research Center, Shariati Hospital, Kargar-e-Shomali Ave., Tehran, 14114, Iran.
Telefax: +98 21 88012992
E-mail: montazer@ams.ac.ir