



Sağlık Bilimleri  
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## Hepatit B Tedavisi Alan Hastada İlacın Yan Etkileri

Yrd.Doç.Dr Aytaç ÇETINKAYA





**EASL 2017 Clinical Practice Guidelines on the management  
of hepatitis B virus infection<sup>☆</sup>**

European Association for the Study of the Liver\*



**GUIDELINES FOR THE PREVENTION,  
CARE AND TREATMENT OF PERSONS  
WITH CHRONIC HEPATITIS B INFECTION**

MARCH 2015

GUIDELINES



Hepatol Int (2016) 10:1–98  
DOI 10.1007/s12072-015-9675-4

GUIDELINES

**Asian-Pacific clinical practice guidelines on the management  
of hepatitis B: a 2015 update**

S. K. Sarin<sup>1</sup> · M. Kumar<sup>1</sup> · G. K. Lau<sup>2,27</sup> · Z. Abbas<sup>3</sup> · H. L. Y. Chan<sup>4</sup> ·  
C. J. Chen<sup>5</sup> · D. S. Chen<sup>6</sup> · H. L. Chen<sup>7</sup> · P. J. Chen<sup>8</sup> · R. N. Chien<sup>9</sup> ·  
A. K. Dokmeci<sup>10</sup> · Ed Gan<sup>11</sup> · J. L. Hou<sup>12</sup> · W. Jafri<sup>13</sup> · J. Jia<sup>14</sup> · J. H. Kim<sup>15</sup> ·  
C. L. Lat<sup>16</sup> · H. C. Lee<sup>17</sup> · S. G. Lim<sup>18</sup> · C. J. Liu<sup>7</sup> · S. Locarnini<sup>19</sup> ·  
M. Al Mahtab<sup>20</sup> · R. Mohamed<sup>21</sup> · M. Omata<sup>22</sup> · J. Park<sup>23</sup> · T. Piratvisuth<sup>24</sup> ·  
B. C. Sharma<sup>25</sup> · J. Sollano<sup>26</sup> · F. S. Wang<sup>28</sup> · L. Wei<sup>29</sup> · M. F. Yuen<sup>30</sup> ·  
S. S. Zheng<sup>31</sup> · J. H. Kao<sup>32</sup>



**HEPATOLOGY**

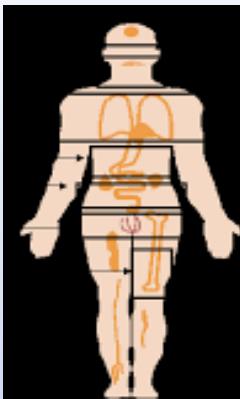
Official Journal of the American Association for the Study of Liver Diseases

**PRACTICE GUIDELINE**

**AASLD Guidelines for Treatment of Chronic Hepatitis B**

Norah A. Terrault,<sup>1</sup> Natalie H. Bzowej,<sup>2</sup> Kyong-Mi Chang,<sup>3</sup> Jessica P. Hwang,<sup>4</sup> Maureen M. Jonas,<sup>5</sup> and  
M. Hassan Murad<sup>6</sup>





## HEPATITIS B: SHOULD I TAKE ANTIVIRAL MEDICINE FOR CHRONIC HEPATITIS B?

[EN ESPAÑOL]

You may want to have a say in this decision, or you may simply want to follow your doctor's recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

### Hepatitis B: Should I Take Antiviral Medicine for Chronic Hepatitis B?

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| 1<br>Get the<br>Facts | 2<br>Compare<br>Options | 3<br>Your<br>Feelings | 4<br>Your<br>Decision | 5<br>Quiz<br>Yourself | 6<br>Your Summary |
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Clinical Practice Guidelines



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of hepatitis B virus infection<sup>☆</sup>**

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**Table 4. Results of main studies for the treatment of HBeAg-negative chronic hepatitis B at 6 months following 48 weeks of pegylated interferon alfa (PegIFN $\alpha$ ) and at 48 or 52 weeks of nucleos(t)ide analogue therapy.**

PegIFN PegIFN $\alpha$ 2a	Nucleoside analogues			Nucleotide analogues		
	LAM	TBV	ETV	ADV	TDF	TAF

LAM: Lamivudine, TBV: Telbivudine, ETV: Entekavir

ADV: Adefovir, TDF: Tenofovir disoproksil fumarat, TAF: Tenofovir alafenamid

# Olgu

- 2 yıldır HBV (2012 yılı)
- Yaş 57, Bayan
- AST: 49 U/L
- ALT: 64 U/L
- HBsAg (+)
- HBeAg (-)
- AntiHBe (+)
- HBV DNA PCR: 2130 IU/mL
- Üre/Kr: 39/1,1 mg/dL
- eGFR: 70 ml/dk/1,73m<sup>2</sup>



# Olgı

- 2 yıldır HBV (2012 yılı)
- Yaş 57, Bayan
- AST: 49 U/L
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- HBsAg (+)
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- AntiHBe (+)
- HBV DNA PCR: 2130 IU/mL
- Üre/Kr: 39/1,1 mg/dL
- eGFR: 70 ml/dk/1,73m<sup>2</sup>
- AFP: 1,17 – 2,2 ng/mL
- Batın USG: normal
- TSH T4: normal ?
- PT/aPTT: normal
- Delta Ag/Ab - HDV PCR: negatif
- Anti-HCV: negatif
- Anti HIV: negatif
- Karaciğer Biyopsi: HAİ: 7 Fib: 3
- Psikiyatri normal ?



# Olgu

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# Olgı

62 yaş

Bayan

Eklem

Kas ağrısı

Kadındoğum plk.

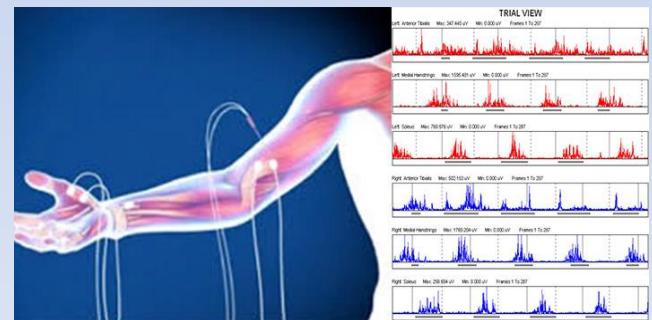
Ortopedi plk.

Fizik tedavi plk.



# Olgu

- ✓ Kas ağrısı
- ✓ Nöroloji
  - ✓ CK 20 kat
  - ✓ LDH 3 kat
  - ✓ MRG normal
- ✓ EMG:
  - ✓ uyluk proksimal kaslarında güç kaybı
  - ✓ fleksiyonda miyopatik deşarj



# Olgu



İlaç başlanıldıktan 6-8 ay sonra

Kaplıca ve sıcak uygulamalar gerilemeyece

İki üç aylık ağrısız dönemler

Ağrılarının dayanılmaz boyutta



TÜRK KLİNİK MİKROBİYOLOJİ VE  
İNFEKSİYON HASTALIKLARI DERNEĞİ

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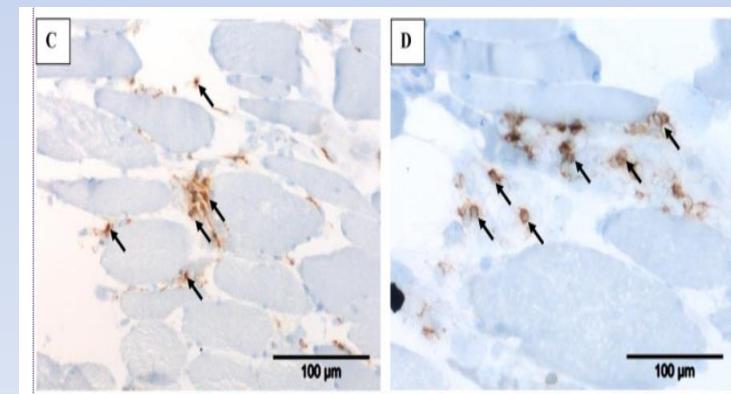
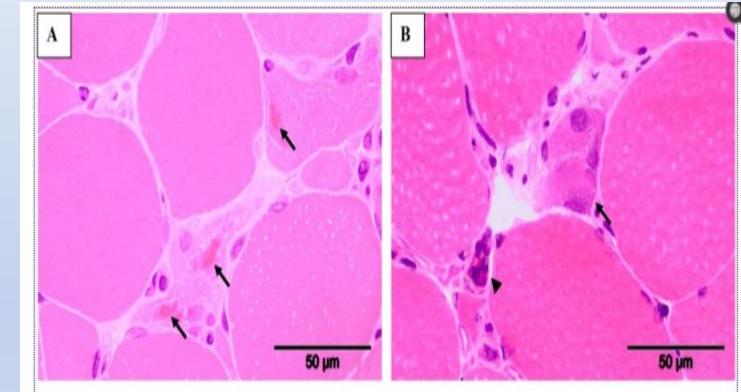
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PLoS One. 2016; 11(9): e0162760.  
Published online 2016 Sep 9. doi: 10.1371/journal.pone.0162760

Clinicopathological Features of Telbivudine-Associated Myopathy  
Tomica Ambang,<sup>#1,2</sup> Joo-San Tan,<sup>#1,2</sup> Sheila Ong,<sup>#3</sup> Kum-Thang Wong,<sup>\*2</sup> and Khean-Lin Goh<sup>#1,\*</sup>  
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- Kreatinin yüksekliği sık
- Miyopati nadir
- Progresif proksimal kas güçsüzlüğü
- EMG
- Patoloji;
  - Miyofiber dejenerasyon/nekroz (A,B)
  - rejenerasyon, (B)
  - Sitoplazmik cisimcikler (A)
  - CD4 CD8 lenfosit (C, D)



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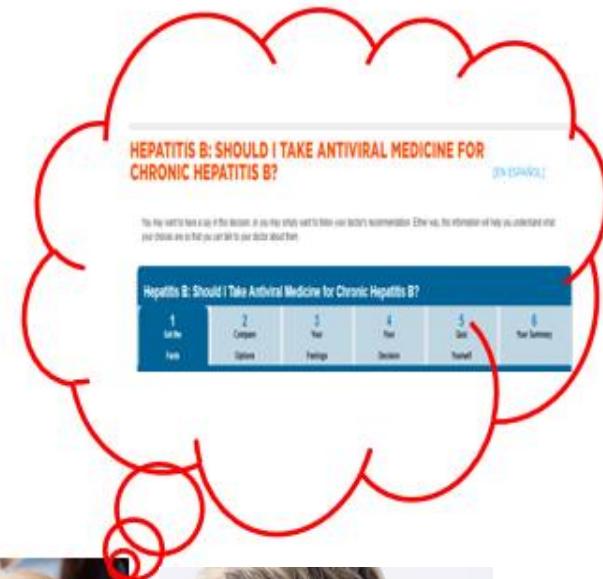
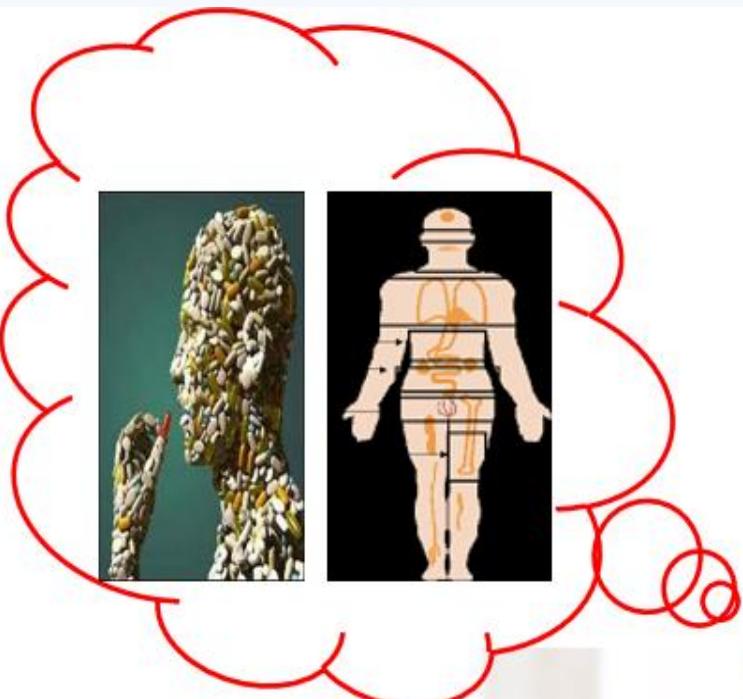
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### **NA discontinuation Recommendations**

- NAs should be discontinued after confirmed HBsAg loss, with or without anti-HBs seroconversion (Evidence level II-2, grade of recommendation 1).
- NAs can be discontinued in non-cirrhotic HBeAg-positive CHB patients who achieve stable HBeAg seroconversion and undetectable HBV DNA and who complete at least 12 months of consolidation therapy. Close post-NA monitoring is warranted (Evidence level II-2, grade of recommendation 2).
- Discontinuation of NAs in selected non-cirrhotic HBeAg-negative patients who have achieved long-term ( $\geq 3$  years) virological suppression under NA(s) may be considered if close post-NA monitoring can be guaranteed (Evidence level II-2, grade of recommendation 2).



# Olgı

	HBV DNA (IU/mL)	ALT (U/L)	AST (U/L)	CK (U/L)	LDH (U/L)
Haziran 2017	-	44	70	2980	1766
Temmuz 2017	-	35	42	133	590
Ağustos 2017	-	45	51	120	338
Eylül 2017	19800	242	183	92	220
Ekim 2017	102	38	41	55	232
Kasım 2017	-	32	26	62	280



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[Clin Microbiol Infect.](#) 2015 Dec; 21(12):1123.e1-9. doi: 10.1016/j.cmi.2015.07.023. Epub 2015 Aug 4.

## Ten-year follow-up of hepatitis B relapse after cessation of lamivudine or telbivudine treatment in chronic hepatitis B patients.

Pan HY<sup>1</sup>, Pan HY<sup>2</sup>, Chen L<sup>3</sup>, Yang DH<sup>4</sup>, Huang HJ<sup>4</sup>, Tong YX<sup>4</sup>, Chen CR<sup>5</sup>, Yan J<sup>5</sup>.[Author information](#)

### Abstract

The high rate of relapse after cessation of nucleos(t)ide analogues (NUCs) treatment in chronic hepatitis B (CHB) patients leads us to reassess the feasibility for off-therapy, but long-term follow-up data are scarce. We assessed the feasibility for off-therapy by a long-term observation of relapse in response to lamivudine (LAM) and telbivudine (LdT). Eighty-six NUC-naïve CHB patients, treated with LAM ( $n = 46$ ) or LdT ( $n = 40$ ) who reached the guidelines recommended for off-therapy, were followed for up to 10 years. Hepatitis B virus (HBV), viral serology and biochemistries were periodically determined. COX model was used to predict the risk of relapse. A total of 52.3% of patients experienced relapse within a median of 115 months (range, 61–122 months). A total of 93.3% of relapses occurred within 48 months. Relapse rates in hepatitis B e antigen (HBeAg)-positive ( $n = 56$ ) and HBeAg-negative ( $n = 30$ ) patients were 39.3% and 76.7%, respectively ( $p < 0.01$ ). HBeAg-positive patients who achieved an early viral response (EVR), defined as undetectable HBV DNA within 6 months, had a lower relapse rate compared to non-EVR patients (21.4% vs. 59.2%,  $p < 0.01$ ). EVR patients who had both lower HBV DNA (<10<sup>6</sup> copies/mL) at baseline and lower hepatitis B surface antigen (HBsAg) at end of treatment had a relapse rate of 10.7%. The high relapse rates in CHB patients over this 10-year follow-up make LAM or LdT off therapy infeasible in most of the cases, except in the case of HBsAg loss and/or seroconversion. HBeAg-positive patients with EVR, lower HBV DNA and HBsAg had lower relapse rates and could be good candidates for off-therapy. Long-term monitoring, especially during the first 4 years, is critical for patients off-therapy.

**KEYWORDS:** Chronic hepatitis B; long-term durability; nucleoside analogues

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