

中文題目:e 抗原陽性慢性 B 型 C 型肝炎合併感染使用長效型干擾素/雷巴威林合併或不合併
干安能治療之長期療效

英文題目: **Long-term efficacy of Peg-Interferon/Ribavirin with and without Lamivudine
therapy for HBeAg-positive Hepatitis B and C Dual-Infection**

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Background: The optimal therapeutic strategy for hepatitis B virus (HBV) e antigen (HBeAg)-seropositive and hepatitis C virus (HCV) dually infected patients remains unknown. We aimed to elucidate the effectiveness of peginterferon (Peg-IFN)/ribavirin (RBV) with and without lamivudine (LAM) combination therapy in the clinical settings.

Patients and Methods: Nine patients seropositive for HBV surface antigen, HBeAg, antibodies to HCV and HCV RNA for >6 months were treated with Peg-IFN/RBV with (n=5) and without (n=4) a 12-month LAM add-on therapy at treatment week 12. The treatment duration of Peg-IFN/RBV was 24 weeks (HCV genotype 1 [HCV-1] with rapid virological response [RVR] or HCV-2) or 48 weeks (HCV-1 without RVR). Primary endpoints included HBeAg loss and HCV sustained virological response (SVR).

Results: All the patients had undetectable HCV RNA at treatment week 4, 12 and end-of-Peg-IFN/RBV therapy. However, SVR was achieved in 100% (5/5) of patients treated with triple therapy, compared to only 50% (2/4) in those with Peg-IFN/RBV therapy (p=0.167). The 3-year durability of HCV SVR was 100%. HBeAg loss and HBV DNA <2000 IU/mL at 6 months post-LAM treatment were found in 100% and 40%, respectively, of the five patients treated with triple therapy, compared to none of the four patients with Peg-IFN/RBV therapy achieved any HBV responses. The 3-year durability of HBeAg loss was 80%. One patient, who achieving HBeAg seroconversion, developed HBeAg seroreversion at 15 months posttreatment.

Conclusion: For HBeAg-positive HBV/HCV dually infected patients, Peg-IFN/RBV was effective for HCV eradication. Add-on LAM therapy might promote HBeAg loss in the clinical setting.