# An Old Mother

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# An old mother… (2017)

- 26 year old Afghan women
- Presents at antenatal clinic 32 weeks pregnant
- Sixth pregnancy (first in England)

- Family History
- Father died aged 78 from ‘liver problems’

# An old mother…

- Liver function tests:-
- ALT -33 (ULN – 37)
- Alk Phos -213 (ULN 130)
- Albumin -34 (35-45)
- Normal FBC
- HBsAg +ve
- HBeAg+ve
- HBV DNA $10^8$

# An old mother

- US – normal liver
- Fetus - healthy

# What would you do?

# What we did?

- Started tenofovir –stat
- Advised normal delivery
- Advised HBV immunisation and HBIg
- Advised testing of other children and father

# Post delivery

- Patient took tenofovir for 3 months
- Told OK to breast feed
- Went to Sheffield – told ‘never stop tenofovir’
- Was this correct?

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# Special patient groups: pregnant women

- Management may depend on severity of liver disease and timing of a future pregnancy

| Recommendations | Grade of evidence | Grade of recommendation |
|---|---|---|
| Screening for HBsAg in the first trimester is strongly recommended | I | 1 |
| In women of childbearing age without advanced fibrosis planning a pregnancy in the near future, it may be prudent to delay therapy until the child is born | II-2 | 2 |
| In pregnant women with chronic hepatitis B and advanced fibrosis or cirrhosis, therapy with TDF is recommended | II-2 | 1 |
| In pregnant women already on NA therapy, TDF should be continued while ETV or other NA should be switched to TDF | II-2 | 1 |
| In all pregnant women with HBV DNA >200,000 IU/ml or HBsAg >4 $\log_{10}$ IU/ml, antiviral prophylaxis with TDF should start at Week 24–28 of gestation and continue for up to 12 weeks after delivery | I | 1 |
| Breast feeding is not contraindicated in HBsAg-positive untreated women or those on TDF-based treatment or prophylaxis | III | 2 |

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# Indications for treatment

- Primarily based on the combination of 3 criteria
  - HBV DNA, serum ALT and severity of liver disease

| Recommendations | Grade of evidence | Grade of recommendation |
|---|---|---|
| **Should be treated** | | |
| • Patients with HBeAg-positive or -negative chronic hepatitis B* | I | 1 |
| • Patients with cirrhosis, any detectable HBV DNA, regardless of ALT level | I | 1 |
| • Patients with HBV DNA >20,000 IU/mL and ALT >2x ULN, regardless of severity of histological lesions | II-2 | 1 |
| **May be treated** | | |
| • Patients with HBeAg-positive chronic HBV infection† >30 years old, regardless of severity of liver histological lesions | III | 2 |
| **Can be treated** | | |
| • Patients with HBeAg-positive or -negative chronic HBV infection and family history of HCC or cirrhosis and extrahepatic manifestations‡ | III | 2 |

*Defined by HBV DNA >2,000 IU/ml, ALT >ULN and/or at least moderate liver necroinflammation or fibrosis;
†Defined by persistently normal ALT and high HBV DNA levels;
‡Even if typical treatment indications are not fulfilled
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# Post delivery

- Patient took tenofovir for 3 months
- Went to Sheffield – told ‘never stop tenofovir’
- Forgot tablets, stopped tenofovir

# An old mother… (2019)

- Returns to London
- Re-referred to the clinic

# An old mother…(2019)

- Liver function tests:-
- ALT -19 (ULN – 37)
- Alk Phos -110 (ULN 130)
- Albumin -43 (35-45)
- Normal FBC
- HBsAg +ve
- HBeAg+ve
- HBV DNA $10^8$

# An old mother….(2019)

- US – normal liver
- Fibroscan 4.2

- Does not want to take tablets

# What to do next…..

- Treatment options……

- Do nothing
- Long term nucleotide
- PegIFN (with assessment after some months)
- Nucleotide with add on PegIFN after one year
- Propose clinical trial (what would you recommend?)

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# PegIFNα monotherapy

- Only patients with milder disease should generally be considered for treatment with PegIFNα

| Recommendations | Grade of evidence | Grade of recommendation |
|---|---|---|
| PegIFNα **can be considered as an initial treatment** option for patients with mild-to-moderate HBeAg-positive or -negative chronic hepatitis B | I | 2 |
| The standard duration of PegIFNα therapy is 48 weeks | I | 1 |
| Extension of PegIFNα therapy beyond Week 48 may be beneficial in selected HBeAg-negative patients with chronic hepatitis B | II-1 | 2 |

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