

CHRONIC DELTA HEPATITIS IN A 30-YEAR-OLD CENTRO-AFRICAN WOMAN, 18 WEEKS PREGNANT, WITH SILENT CIRRHOSIS

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PATIENT'S DEMOGRAPHY & HISTORY :

30-year-old, non-consuming alcohol, centro-African, **9 wks pregnant woman**, in France since 1 year. Pre-pregnancy BMI 28.7 kg/m². No relevant medical history, no vaccination against HBV. Anti-HIV -, anti-HCV - .

PATIENT'S WORK-UP

- **Initial findings** : no abnormal symptom, **HBsAg +**, serum (S) aminotransferases, 2,5 ULNV (N)

- **Further liver evaluation (17-23 WG) :**

S aminotransferases, 2.5 to 5,3 N; **gammaGT** >1.3 N; **S bilirubin** N; **gammaglobulins** 19.5 g/L; **PT ratio** 83% control.

S creatinine < 50 µmol/L. No S auto-antibodies.

US + MRI : liver dysmorphism, splenomegaly.

LIVER BIOPSY (21 WG), **cirrhosis M2F4**

GI endoscopy, **NORMAL**.

VIROLOGY, anti-HBe +; HBV-DNA 1.85 log.

IgM & total anti-delta Ab +; **delta ARN**, **9.68 log**.

TREATMENT : **tenofovir** 245 mg/d, **UDCA** 1 g/d (risk of preterm birth). [**FROM 24 GW, the patient left France for elsewhere in Europe**].

PREGNANCY : singleton. No cholestasis. No pre-eclampsia. **39 GW**, induction & normal vaginal delivery (VG D). Female NN, **3,650 g**.

2nd PREGNANCY : 6 months > 1st delivery.

NO tenofovir. **37 GW**, spontaneous labor & VG D. Female NN, **3,750 g**. **BOTH NN serovacc to HBV**.

CONCLUSIONS :

EARLY in PREGNANCY in any HBsAg+ African woman,

(a) **delta coinfection** must be checked ;

(b) if present, **silent liver cirrhosis must also be checked** ;

(c) **if cirrhosis**, even mild HBV multiplication requires immediate **anti-HBV therapy** ;

(d) **UDCA** (a drug entirely safe for the fetus) should be used liberally to attempt to reduce the rate of almost mandatory pre-term birth.