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Prevention and treatment Hepatitis B virus in kidney transplantation: A multi-centric research

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Background and Purposes: Hepatitis B virus (HBV) infection is associated with significantly decreased outcomes of kidney transplantation (KT) due to HBV reactivation and hepatitis B diseased, a fatal complication; and also to activate acute rejection. Finding out the prevalence of HBV infection among patients (pts) after kidney transplant (KT) and evaluate the outcome of Entecavir regimens on this group pts is the purposes of the study.

Materials and Method: Patients (pts): All of the pts were been a post-operative follow-up (FU) in 7 centers of the country (performed KTx in or outside the country). The pts agree to participate voluntarily in the study. Group I: Retrospective study and analysis of the disease: on HBV infection; HBV disease on recipient patients (pts) draw back the consequences and experience. Group II: Prospective descriptive and case-control analysis: prospective solutions to prevent and treat HBV on pts. Performed 2 years (2013-2015), Sample size: 1000 cases.

Results: Group I: A retrospective study on HBV infection, 1026 pts of seven centers. The average age was 40.77±11.85 years old. Male patients: 68.32%. 671/1026 pts (65.11%) were performed the KTx in Vietnam, others pts were performed from the foreign countries (34.89%). Live-donor kidney: 796/1026 pts (77.58%); deceased-donor kidney: 230/1026 pts (22.42%). The frequency of HBV with HBsAg (+) is 77/1026 pts, (7.50%); circulating antibody HBsAb:339/704 cases (48.15%); Vaccination: 282/704 cases (40.05%); Stabilized HBV infection: 205/704 cases (29.11%). Reactivation of HBV happens 100% in status HBsAg(+) and HBV DNA (-) after kidney transplantation. Group II: There were 807 pts had participated the FU with sufficient data, Research shows that patients with pre-history of HBV infection have a significantly "non-HBV infection" cumulative incidence compared to those without baseline HBV infection (p=0.0000, Log Rank [Mantel Cox]). This shows that when a kidneys recipient who has been infected with HBV, there is a risk of reactivation. There was no statistically significant difference in the rate of hepatitis B outbreak (ALT>200 UI/ml) between HBV-infected kidney transplant and HBV-free kidney transplant. HBV infection after kidney transplant is low 0.26%. There was 30/807 with HBV DNA (+) were indicated to use Entecavir during at least 6 months for evaluation.

Results: 18/30 pts (60%) were full response, 3/30 (10%) were partial response, 4/30 pts (13.33%) inadequate response, 1/30 pts (3.84%) were recurrence, and 4/30 pts (13.33%) were drug resistance. There was no adverse drug event noted during treatment.

Conclusion: HBV frequency in the kidney transplant community was 7.50% of pts in Vietnam. Kidney recipients who have been infected with HBV, there is a risk of reactivation. HBV infection after kidney transplant is low 0.26%. Entecavir was a full response in 60.00% of pts and safe for post-transplant patients with HBV infection, 13.13% of pts were Entecavir resistance.

Biography

Tran Xuan Truong has completed his PhD at the age of 25 years (1989) and postdoctoral studies at Ho Chi Minh Medical University. He is the Chief of Department of General Medicine 9B1, Cho Ray Hospital, Vietnam from 2016 until now. His medical specialty is General Internal Medicine. In nearly 30 years on the internal medical field, he had experiences in malaria, infectious diseases and hepatitis, especially hepatitis B and C on kidney transplantation. He has participated more than 15 researches about malaria and hepatitis in kidney transplantation. He had made some reports in ISN or CAST conferences. He is a member of the Vietnam Association for the Study of Liver Disease (VASLD), Vietnam Uro-Nephrology Association (VUNA) and member of the International Society of Nephrology (ISN).

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