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Long-term efficacy of tenofovir for nucleos(t)ide-naïve patients with chronic hepatitis B

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Backgrounds: Tenofovir (TDF) is nucleoside analogue with high potency for profound and durable viral suppression and genetic barriers against resistance; TDF is recommended for the first-line treatment of chronic hepatitis B (CHB) in current guidelines, but data in Korean patients from community studies are lacking. The aim of this study was to evaluate the efficacy of TDF, and to determine patient-dependent or laboratory variables that predict virological response. **Methods:** We retrospectively investigated the efficacy of TDF treatment for more than 6 months in 456 nucleos(t)ide-naïve CHB patients. The primary endpoint was a virological response (VR), defined as an HBV DNA level of < 12 IU/mL. Secondary endpoints were rates of ALT normalization (ALT < upper limit of normal), HBeAg seroconversion, partial virologic response (PVR), virologic breakthrough (VBT), and safety. **Results:** The median duration of TDF therapy was 22.0 (range, 6-40) months. Two hundreds sixty-five (58.1%) patients were HBeAg positive. The mean pre-treatment HBV DNA level was 6.34±1.41 log10 IU/mL. Among the 380 patients with elevated ALT levels at baseline, 343 patients (90.3%) had ALT normalization. VR was achieved in 379 patients (83.1%) during treatment. The cumulative rates of VR at 6, 12, 24 and 36 months were 53.4%, 73.2%, 90.6%, and 95.5%, respectively. PVR was evident in 208 (45.6%) patients. VBT was observed in 25 patients (5.5%). Multivariate logistic regression analysis using selected baseline factors identified absolute HBV-DNA levels at baseline ($p < 0.001$; OR, 0.512; 95% CI, 0.397-0.661) and HBeAg positivity ($p < 0.001$; OR, 0.781; 95% CI, 0.717-0.852) as factors showing significant association with VR. Among 265 HBeAg-positive patients, 43 (9.4%) achieved HBeAg seroconversion. Most adverse events were mild in severity. **Conclusions:** TDF is effective and well tolerated in Korean CHB patients in real life practice, consistent with larger registration trials. The lower HBV DNA levels at baseline and HBeAg-negative CHB patients were significantly associated with VR.

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Acute pancreatitis as a extrarenal manifestation of hemorrhagic fever with renal syndrome.

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Background/Aims: Acute pancreatitis is one of the extrarenal manifestation of Hemorrhagic fever with renal syndrome (HFRS). The suggested pathophysiology is that increased vascular permeability during infection cause systemic expansion of capillary leakage, which can cause retroperitoneal edema, and may affect the pancreas resulted in acute pancreatitis. The aim of out study was to investigate the clinical significance of acute pancreatitis in patients HFRS. **Methods:** We retrospectively reviewed the medial records of the patients diagnosed as HFRS at our institute from November 1996 to May 2016. And we analyse the clinical characteristics and prognosis of patients focused on complicated acute pancreatitis. **Results:** A total of 62 patients was diagnosed as HFRS during the study period. The mean age was 52.1±16.4 years, and men comprised more than half (61.3%). Among them, 8% (5 of 62) patients were complicated with acute pancreatitis. All 5 patients showed acute kidney injury, and 2 of 5 needed hemodialysis (HD) treatment, but 1 of 2 patient was died despite of HD treatment (mortality rate 20%). **Conclusions:** In this retrospective study, acute pancreatitis is one of severe complication of HFRS and the mortality rate was very high. Therfore, early detection of complication including pancreatitis and timely intervention is mandatory in patient care with HFRS.

sex/age	amyl / lipa	WBC/PLT	AST/ALT	T.bil/Alb	BUN/Cr	HD	prognosis
M/29	239/ 2719	15.6/ 21K	234/ 84	0.4/ 2.7	32/ 2.1	X	Alive
M/66	343/ 857	18.3/ 12K	1296/511	0.7/ 2.4	90.4/4.4	O	Death
F/66	768/641	36.6/ 15K	94/ 24	0.5/ 1.5	33/ 3.3	O	Alive
F/90	462/ 23	21.8/142K	44/ 41	0.5/ 2.9	54/ 3.7	X	Alive
M/38	388/469	27.1/ 32K	4820/1060	2.6/ 2.5	110.3/5.7	X	alive