

The changing face of chronic HBV infection. The Italian Master-B cohort

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Aim : Chronic HBV infection is still a major health problem in Europe, intensified by increasing immigration from endemic areas. The Master-B study was aimed at defining the current profile of chronic HBV-infected individuals and their long-term clinical outcome.

Methods: Consecutive HBsAg-positive patients seen in 75 Italian specialized centers were enrolled from June 2009 to December 2011, using an electronic CRF. HIV-positive patients were excluded. Follow-up data were recorded at least twice a year. We present the baseline characteristics of 2148 out of 2840 patients enrolled.

Results: Males were 69.6%; age 49.5 ± 14.4 ; BMI 25.3 ± 3.9 ; 23.7% were immigrants, mainly from Eastern Europe or Asia. Laboratory features included : mean ALT 57.5 ± 100 ; 12.6% HBeAg-positive; HBV DNA detectable in 37.2% ; HCV or HDV coinfection in 4.4 and 8.8% respectively, alcohol use (>3 drinks/day) in <3%; 45.1% had undergone liver biopsy. Overall, 21% of the patients had cirrhosis, 29% of whom with decompensation. As compared with Italian patients, immigrants were younger (36.8 ± 10.9 vs 53.4 ± 13.1 $P < 0.001$), more frequently HBeAg-positive (26.1% vs 8.4% $P < 0.001$), and anti-HDV-positive (12% vs 7.8%; $P < 0.02$).

Previous antiviral treatment was recorded in 51% of the cases and at the time of enrolment, 49% of the patients were being treated with antivirals.

Among 394 patients with cirrhosis, 12.7% were HBeAg-positive, 19% anti-HDV-positive and 7.9% anti-HCV-positive. At the time of enrolment, 40.1% of cirrhotic patients were not under antiviral treatment.

Conclusions: Chronic HBV infection shows an evolving burden due to the growing cohort of non-Italian patients, who show higher rates of HBeAg or presence of anti-HDV. There are still barriers to access medical care for cirrhotic patients since 40% of them were untreated when first seen in the specialized centers.

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