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一般口演

## [O1-5]Hepatitis 4

座長：

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2019年10月29日(火) 16:00 ~ 17:00 第5会場 (福寿)

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16:45 ~ 17:00

### [O1-5-16]ネパールにおける第一回 B型肝炎ウイルス量全国調査と治療ガイドラインの提言

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[Objectives] Hepatitis B virus (HBV) infects the liver, causing necrosis and inflammation, which lead to cirrhosis and cancer, while about 260 million people are HBV carriers worldwide. In Nepal, the epidemiological study has estimated that nearly 260,000 individuals are chronically infected with HBV, and the majority of them are unaware of the viral infection. HBV infection can be diagnosed by detecting either viral antigens, such as the hepatitis B surface antigen (HBsAg), or anti-HBV antibodies in the blood.

[Methods] The blood levels of HBV DNA quantified by real-time polymerase chain reaction (PCR) have been used to associate with disease progression as well as in decision making for subsequent treatment or monitoring. We conducted a retrospective study of HBV infection using the viral load test in Nepal. We analyzed a total of 300 blood samples collected from the patients showing the HBsAg positive during the period of 6 months from January to June, 2016.

[Results] Among 300 samples tested for the viral loads, 244 samples (81.3%) were from males, and 56 samples (18.6%) were from females. The highest number of patients having the viral loads 20–2,000 IU/mL (36.6%), while 29.3% of patients had the viral loads below the detection limit. The highest and least number of patients belonged to the age group 21–30 years old and the age group 1–10 years old, respectively.

[Discussion] To propose a practical HBV treatment guideline for Nepal, one of resource-limited countries, we reviewed four international guidelines. All guidelines require viral loads as well as alanine aminotransferase (ALT) in chronic HBV patients to make a decision for the management of infection. Although three guidelines recommend elastography to assess liver cirrhosis, the World Health Organization (WHO) recommends using the aspartate aminotransferase-to-platelet ratio index (APRI), which is inexpensive and conducted routinely in most hospitals. Therefore, in Nepal, we recommend the WHO guideline for HBV treatment based on information about the viral load, ALT, and APRI.