

EDITORIAL

THE SOUTH ASIAN CAULDRON: HEPATITIS B, NAFLD, TUBERCULOSIS AND

This issue of hepatitis B annual highlights certain common hepatitis B virus (HBV)-related issues which often pose a problem to the clinicians but are not dwelt upon in most published articles on hepatitis B.

In the original article “Spectrum of hepatitis B infection in Southern India: A cross-sectional analysis” by Sivasubramaniam Balasubramanian *et al.* from Chennai in South India, the authors provide us the spectrum of chronic HBV infection among patients attending the liver clinic at a tertiary referral center during a 1-year period and reported that majority of these patients were asymptomatic and were detected incidentally during blood donation camps, master health checkups, or during initial screening. Almost 40% of them were either in immune inactive phase or had features of chronic liver disease. Among patients in the immune tolerant phase, women were a decade younger than their male counterparts with similar alanine aminotransferase (ALT) levels in both hepatitis B e antigen (HBeAg) positive and negative patients. The mean HBV DNA values were higher in HBeAg-positive men and women. In patients in the immune inactive phase, very few patients were HBeAg positive. The ALT levels were in the normal range, and the HBV DNA values

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were low or not detectable. Among patients with elevated ALT and HBV DNA levels (immune clearance/immune reactive), the mean ALT levels were higher in HBeAg-negative patients. HBV DNA load was significantly higher in patients who were HBeAg positive. The authors concluded that a significant proportion of HBsAg-positive patients are in inactive or in immune tolerant phase and do not require treatment. However, patients with elevated ALT and HBV DNA levels need further evaluation to categorize them into immune clearance or immune reactive phase.

Tuberculosis (TB) and HBV infections are quite common in the developing countries including India. By virtue of their commonness, coinfection is not very uncommon in clinical practice. Anti-TB therapy (ATT) can be hepatotoxic in around 10% patients, which may be a difficult management issue in the presence of already compromised liver functions due to HBV. In the article, "Anti-tuberculosis therapy in patients with hepatitis B viral infection," Dr. Nikhil Patel and Prof. Shivaram Prasad Singh have reviewed in details the epidemiology and management of coinfection and hepatotoxicity due to ATT.

Despite a large number of cynical clinicians wishing away the role of liver biopsy in patients infected with HBV and many experts penning epitaphs for this procedure, liver biopsy continues to retain its foothold in the diagnosis and management of chronic hepatitis B. Professor Sidhartha Dattagupta and his team from the All India Institute of Medical Sciences have provided an insightful review on the subject in their article, "Overview of the histopathology of chronic hepatitis B infection." The authors lucidly clarify the role of liver biopsy in the current scenario; they explain how in several situations, biopsy may be needed not only to establish the histopathological diagnosis, but to grade and stage the hepatic changes (these would then determine management and prognosis), to document the severity and extent of the hepatic inflammation, and as a guide to therapy and monitoring the changes of liver histology on treatment. Besides they also emphasize its utility in some situations when there is considerable clinical overlap between states of exacerbation of chronic hepatitis and acute hepatitis, when biopsy may be very helpful. However, the authors quietly concede that with the current trends and guidelines, the indications for liver biopsy in chronic hepatitis B may somewhat be declining, with a further reduction in the number of liver biopsies with the development of newer noninvasive markers. They, however, do end on an optimistic note: "Hopefully

the tribe of liver pathologists would still not be included in the list of endangered species!”

Nonalcoholic fatty liver disease (NAFLD) has today emerged as the most common liver disorder in both the developing and the developed countries. Although there is some literature on the association of hepatitis C virus (HCV) infection and fatty liver, and the interaction between HCV and NAFLD, there is very scanty literature on the relationship between HBV infection and NAFLD. In the article “Nonalcoholic fatty liver disease and hepatitis B virus infection,” Dr. Bijay Misra and Prof. Shivaram Prasad Singh have reviewed the relationship between NAFLD and HBV infection addressing, especially the effect of each of them on the other, and the influence of NAFLD on the outcome of treatment of chronic hepatitis B.

In the trivia section, “HBV: Your help needed please....” (Letter from Birmingham) is an attempt to sensitize everyone to the travails of HBV infected patients and their relatives.

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