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Miguel Jiménez-Pérez, Rocío González-Grande, José Mostazo Torres, Carolina González Arjona, Francisco Javier Rando-Muñoz

Miguel Jiménez-Pérez, Rocío González-Grande, José Mostazo Torres, Carolina González Arjona, Liver transplantation and hepatology unit, UGC de Aparato Digestivo Hospital Regional Universitario, 29010 Malaga, Spain

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Current management of hepatitis B virus infection before and after liver transplantation.

[Papatheodoridis GV](#)¹, [Cholongitas E](#), [Archimandritis AJ](#), [Burroughs AK](#).

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Abstract

The progress in treatment against hepatitis B virus (HBV) has substantially improved the outcome of all HBV-infected patients. We systematically reviewed the existing data in the management of HBV transplant patients in order to assess the optimal regimen in the pretransplant setting, for post-transplant prophylaxis and for therapy of HBV recurrent infection. All data suggest that an effective pretransplant anti-HBV therapy prevents post-transplant HBV recurrence. Pretransplant therapy has been based on lamivudine with addition of adefovir upon lamivudine resistance, but the use of newer, potent high-genetic barrier agents is expected to improve long-term efficacy. Moreover, it may lead to improvement of liver function, which sometimes removes the need for transplantation, although more objective criteria for removal from waiting lists are required. After liver transplantation, the combination of HBV immunoglobulin and one nucleos(t)ide analogue, mostly lamivudine, is currently the best approach, almost eliminating the probability of HBV recurrence. Treatment of post-transplant HBV recurrence has been mainly studied with lamivudine, but it will be most effective with entecavir and tenofovir, which have a low risk of resistance. In conclusion, the newer anti-HBV agents improve the treatment of HBV both pretransplant and post-transplant. HBV immunoglobulin is still used in combination with an anti-HBV agent for post-transplant prophylaxis. Monoprophylaxis with one of the new anti-HBV agents might be possible, particularly in patients preselected as having a low risk of HBV recurrence, but further data are needed and strategies to ensure compliance must be used.

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