Meet the Professors Breakfast: HBV with Dr. Phil Rosenthal (UCSF) and Dr. Douglas Mogul (Johns Hopkins University)

Objectives

- review basic epidemiology including risk factors for transmission
- · review management of exposed neonate
- understand all available therapies for treatment of HBV in children

Case 1:

You have been following a 19 year old HBsAg+ woman with inactive disease for several years when she tells you she is 7.5 months pregnant. After you share your congratulations, you begin to think about the management of the mother's HBV and prevention of transmission to her baby.

- What would you tell the mother regarding risk of infection in the baby?
- How would you counsel the mother regarding decreasing the risk? Should the mother start therapy?

Mother gives birth to a healthy full term, 4 kg girl.

- What should be done to reduce transmission in the baby?
- Any other anticipatory guidance? Breastfeeding?

Or rather...mother gives birth to a 32-week baby weighing 2.3 kg

How does this change management?

Case 2:

7 year old adopted Chinese female with presumed perinatal acquisition of HBV that failed lamivudine therapy before emigration. Physical exam normal. LABS: ALT 150, HBsAg+, HBeAg+, HBV DNA 5 million IU/L, Genotype C Consider treatment? If so, what agent?

• Consider liver biopsy?

Case 3:

3 year old adopted Chinese male with presumed perinatal acquisition of HBV and normal with baseline labs notable for HBsAg+, HBeAg+, HBV DNA 100 million IU/L, ALT 42 AST 45.

- Consider treatment? If so, what agent?
- Consider liver biopsy?

Case 4:

12 year old with Crohn's disease that ultimately failed response to 6MP is about to start remicade and you order PPD (negative) and a HBsAg which comes back positive! You obtain follow-up testing that shows child is HBeAg+, viral load 100,000 copies/ml, AST 45, ALT 58, GGT 95, directi bili 0.6 with a total of 1.4. Other labs consistent with uncontrolled Crohns.

- Consider treatment? If so, what agent?
- Anticipatory guidance?