

The patient is started on lamivudine 100 mg daily and shows a good response to treatment: bilirubin 10, ALT 35, HBV DNA not detectable but serum HBeAg remains positive. At a follow-up visit after 18 months on treatment the patient is clinically well and asymptomatic. The tests show ALT 69, serum HBV DNA 7.5×10^5 copies/ml.

- (d) Genotypic resistance to lamivudine is found in about 40% of patients after two years of treatment
- (e) Continued treatment with lamivudine is advisable when resistance is demonstrated, particularly in patients with cirrhosis

Q10 A 34 year old man presents to his general practitioner with a one-week history of lethargy, poor appetite and mild jaundice. The patient has been known to the GP practice for three years as a chronic HBsAg carrier, anti-HBe(+) and normal LFTs. On this occasion, serum bilirubin is 80 mmol/l; ALT 750 U/l; prothrombin time normal. Hepatitis serology shows HBsAg(+), HBeAg(-), anti-HBe(+), and serum HBV DNA is 5.10^6 copies/ml.

- (a) This patient is experiencing reactivation of hepatitis B
- (b) Presence of HBV DNA in absence of HBeAg is not possible
- (c) The cause of hepatitis is most likely due to precore mutant HBV
- (d) Liver biopsy is recommended
- (e) Prolonged antiviral treatment is indicated in patients with significant hepatic inflammation and fibrosis

CME Renal Medicine SAQs

Answers to the CME SAQs published in *Clinical Medicine* May/June 2002

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
a) F	a) F	a) F	a) F	a) F	a) T	a) F	a) T	a) F	a) F
b) F	b) F	b) T	b) T	b) T	b) F	b) F	b) F	b) F	b) T
c) T	c) T	c) T	c) F	c) F	c) F	c) F	c) T	c) T	c) T
d) T	d) F	d) T	d) T	d) T	d) F	d) F	d) F	d) F	d) T
e) F	e) T	e) T	e) F	e) F	e) F	e) T	e) F	e) T	e) F