Volume 01; Issue 01

American Journal of Researching Science
ISSN: 3069-8618

Carla Vallone AJRES: 2025-010
www.researchsciecnce.org

Case Report

Late Hepatitis B Reactivation in Patient Treated with Immunosuppressive Therapy

C.V.Vallone, M.Coppola, M.F.Trotta, A.Tortora, M.Barba, M.Pierro, G.Ferrentino, L.Fortunato, V.Citro, N.Nocera, G.D'Adamo.

Umberto I Hospital, UOC General Medicine, 20122 Nocera, Italy

***Corresponding author:** Carla Vallone, Umberto I Hospital, UOC General Medicine, 20122 Nocera, Italy

Citation: Vallone C V, Coppola M, Trotta M F, Tortora A, Barba M, et al. (2025), Late Hepatitis B Reactivation in Patient Treated with Immunosuppressive Therapy. AJRES: 2026: 010

Received Date: 15 December 2025; **Accepted Date:** 03 January 2026; **Published Date:** 06 January 2026

Case Report

An 81-year-old man was admitted to the Emergency Department with fever, abdominal pain and progressive fatigue for about two weeks. Abdominal pain was diffuse and not associated changes in bowel habits. Fatigue had progressively worsened up to the inability to perform daily activities.

Medical history was difficult due to lack of prior documentation. He soffered from diabetes tratted with metformin; chronic ischemic heart disease treated with aspirin and bisoprol. He also had history of chronic lymphocytic leukemia (treated two years previously with venetoclax, BCL-2 inibitor). No new medications or alcohol abuse were reported.

At physical examination, vital signs, cardiopulmonary, abdominal and neurological evaluations were normal except for jaundice.

Blood tests revealed increased marked hepatic cytolysis (ALT x34nv, AST x10nv); hyperbilirubinemia (total bilirubin x7nv, mostly direct); coagulopathy (INR x2nv), and lactate 4.5. Abdominal CT revealed no hepatic parenchymal abnormalities or biliary dilatation but small ascitic fluid.

Acute liver failure of unknown origin with lactic acidosis was diagnosed. Therapy with iv N-acetylcysteine was started [1]. On the second day, positive results were found for HBcAb IgM and HBV-DNA 10^7log. From the clinical documentation obtained, patient had self-suspended lamivudine therapy following the end of immunological therapy for leukemia. Therefore, treatment with tenofovir was started [2]. On the seventh day, the patient died from acute liver failure.

Discussion

Hepatitis B reactivation (HBV-r) can occur due to a variety of immune-modulating exposures, including multiple drug classes and disease states [3]. Antiviral prophylaxis can be effective in reduce the risk of HBV-r. Current guidelines recommend risk assessment of HBV-r. A strong recommendation in favor of antiviral prophylaxis for individuals at high risk of HB-r. For individuals at moderate risk of HBV-r, a recommendation was made in favor of antiviral prophylaxis. For individuals at low risk of HB-r, is raccomended to monitoring without antiviral prophylaxis. Monitoring should be performed at 1- to 3-month intervals, and must include assessment of hepatitis B viral load in addition to assessment of alanine aminotransferase [3].

The patient was negative for HBsAg and positive for anti-HBc. He was treated with venetoclax, BCL-2 inibitor, and was considered to be a moderate risk for HBV-r. Antiviral therapy with lamivudina was started. The patient should have continued lamivudina therapy for at least 6 months after stopping biologic therapy. Unsfortunaly, the patient stopped lamivudina therapy by mistake.

Two years later, a strong and severe Hepatitis B reactivation occurred. Therapy with tenofovir, high genetic barrier antiviral, was started [2]. Therapy was started late due to the absence of previous documentation. Reactivation of the virus led to the patient's death due to acute liver failure.

Conclusion

Hepatitis B reactivation in patients treated with immunosuppressive therapy can be severe and rapidly progressive and requires careful risk stratification. The duration of prophylactic treatment remains a matter of debate [3].

Italy recently introduced the Electronic Health Record (EHR), a digital version of a patient's medical history. It collects health and social care data and information, allowing citizens to access and share their medical information with healthcare professionals, ensuring continuity of care [4].

Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

References

1. Siu JTP, Nguyen T, Turgeon RD (2020) N-acetylcysteine for non-paracetamol (acetaminophen)-related acute liver failure. Cochrane Database of Systematic Reviews 12: CD012123.
2. Garg H, Sarin SK, Kumar M, Garg V, Sharma BC, et al. (2011) Tenofovir improves the outcome in patients with spontaneous reactivation of hepatitis B presenting as acute-on-chronic liver failure. Hepatology 53: 774-80.
3. Ali F S, Nguyen M H, Hernaez R, Huang D Q, Wilder J, et al. (2025) AGA Clinical Practice Guideline on the prevention and treatment og hepatitis B virus reactivation in at-risk individuals. Gastroenterology 168: 267-284.
4. fascicolosanitario.gov.it.