**PP-125 Efficacy of domestic adefovir dipivoxil (AGD) monotherapy on chronic hepatitis B naive patients**

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**Objective:** An open-label clinical trail was designed to observe the efficacy of domestic Adefovir dipivoxil (AGD, Fujian Cosunter Pharmaceutical Co, LTD) monotherapy for naive patients with chronic hepatitis B (CHB).

**Methods:** Patients with CHB or HBV-related compensated cirrhosis were enrolled from 4 medical centers in Fujian province. Each patient was treated with AGD 10mg daily. Alanine aminotransferase (ALT), HBV DNA and HBeAg levels were followed up to evaluate AGD efficacy.

**Results:** A total of 114 patients with complete medical records were enrolled in this study. In this group, average age was 37±12 years, 88 (77.2%) were male patients. The mean ALT value is 252±261 U/L, the mean HBV DNA value is 6.4±1.6 log10 copies/ml, and 66 patients were HBeAg positive. After taking AGD for 48 weeks, the HBV DNA negative rate at 24 and 48 week was 54.6% (59/108) and 69.0% (60/87), respectively. In the sub-group of HBeAg-positive patients, HBeAg seroconversion rate at 24 and 48 week was 25.8% (17/66) and 36.4% (24/66), respectively. One patient with HBeAg-positive CHB achieved HBSAg seroconversion at 48 weeks.

**Conclusions:** In patients with CHB or compensated cirrhosis taking domestic AVD (AGD) 48 weeks, the HBV DNA negative rate could reach 25.8%, and HBeAg seroconversion rate was 36.4%. Although these data was an open-label trial without control, the primary result is encouraging at the higher HBeAg seroconversion rate after AGD monotherapy. Further follow-up is still being done.

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**PP-127 Short-term therapy of entecavir versus lamivudine for hepatitis B virus associated acute hepatic failure**

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**Aims:** Lamivudine has been proved to be safe and effective in treatment of hepatitis B virus associated acute hepatic failure, but efficacy of entecavir remains unclear. This investigation aims to compare short-term therapy of entecavir with lamivudine for hepatitis B virus associated acute hepatic failure.

**Methods:** Forty-one patients were collected consecutively infected with hepatitis B virus associated acute hepatic failure. Fifteen were treated with entecavir 0.5mg daily, and the other 26 were treated with lamivudine 100mg daily. Acute liver failure is defined as the evidence of coagulation abnormality, usually an INR 1.5, and any degree of mental alteration (encephalopathy) in a patient without preexisting cirrhosis and with an illness of <26 weeks duration. The primary outcome was the rate of death.

**Results:** There were no differences in clinical (age, gender, MELD score and pretreatment liver function) and virological characteristics (HBV DNA level and positive for HBeAg or HBeAb) at the time of admission between lamivudine group and entecavir group. None of them underwent liver transplantation. During the median follow-up of 30 weeks, the overall death rate was 34.14%. 6 of 26 patients (23.08%) died during follow-up in lamivudine group, and 8 of 15 patients (53.33%) died in entecavir group (Figure 1). Lamivudine group had greater reduction of prothrombin time in the 3rd and 7th days than entecavir group comparing to baseline. There were significant difference between the MELD scores at 14th, 21st and 28th day after administering lamivudine or entecavir.

**Conclusions:** Short-term therapy of entecavir for hepatitis B virus associated acute hepatic failure is not superior to lamivudine.