

Reply to: Entecavir in the treatment of chronic hepatitis B in kidney transplantation

To the Editor:

We thank Dr. Ridruejo *et al.* for their stimulating comments on our review [1]. Their interesting results on entecavir efficacy and safety in HBV-positive kidney transplanted or candidates for kidney transplantation patients [2] are very convincing and confirm the recommendation of the published guidelines [3,4]. Eleven patients (3 kidney transplanted recipients, 8 hemodialysed patients, and 1 end stage renal disease patient) were treated with entecavir during a median of 2 ± 0.86 years.

First, entecavir therapy was efficient on HBV DNA levels: 6 patients (54.5%) had HBV DNA undetectable and 5 patients had a significant decrease in serum HBV DNA levels from $6.84 \pm 1.45 \log_{10}$ IU/ml (range 5.21–9.04) to $1.73 \pm 2.11 \log_{10}$ IU/ml (range 0.78–4.72) at the end of follow-up. The shorter duration of entecavir treatment in 5 patients who had detectable HBV DNA at the end of follow-up (1.06 ± 1.03 years) probably explains the lower antiviral efficacy than in 6 patients who had HBV DNA undetectable (2.33 ± 0.56 years). It would be interesting to define if the 5 lamivudine-resistant patients before the introduction of entecavir therapy were the 5 patients who had experienced a lower antiviral efficacy.

Second, 7 out of 9 HBeAg-positive patients (77.7%) had an anti-HBe seroconversion during entecavir treatment and 1 of them had an anti-HBs seroconversion.

Although the small cohort of patients, these findings are exciting and encouraging, as far as the authors do not find significant changes in renal function or haematological parameters.

These data are concordant with others recently published in HBV lamivudine-resistant kidney transplanted patients who respond to entecavir salvage treatment [5,6] or to our own experience: we have treated 45 kidney recipients, including 18 treated by entecavir alone ($n = 7$) or in combination with adefovir ($n = 4$) or tenofovir ($n = 7$). HBV DNA was undetectable in 93.4% of patients and more importantly viral suppression was associated with a significant improvement in kidney and patient survival as compared to our historical data (work in progress).

Conflict of interest

S. Pol is a Board Member of: BMS, Boehringer Ingelheim, Tibotec/Janssen Cilag, Gilead, Roche, Merck/Schering Plough, Abbot and GSK; received grants from BMS, Gilead, Roche, and Merck/Schering Plough; and acted as a speaker from: BMS, Boehringer Ingelheim, Tibotec/Janssen Cilag, Gilead, Roche, Merck/Schering Plough and GSK.

References

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