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拉米夫定阻断乙肝病毒宫内感染分娩后不同停药时间对妊娠妇女的影响

Effect of Lamivudine Withdrawal Time after Parturition Blocking HBV Intrauterine Infection on Pregnant Women

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中文摘要:

目的 探讨拉米夫定阻断乙肝病毒宫内感染分娩后不同停药时间对妊娠妇女的影响，寻求最佳停药时间。方法 选择2008年1月—2010年11月本院门诊检查并住院分娩的HBsAg/HBeAg双阳性且HBV DNA≥105 拷贝·mL^{-1}，ALT、AST正常的孕妇120例，分为治疗组90例，对照组30例，治疗组在妊娠28周开始口服拉米夫定100 mg·d^{-1}，再随机分为3组：A组30例分娩后停药，B组30例分娩后4周停药，C组30例分娩后6周停药，对照组D组30例不用药。4组均于孕26~28周和分娩前检测ALT，AST，HBV-M，HBV-DNA定量。A，B，C组停药后(D组为产后)1月、3月、6月检测产妇ALT，AST，HBV-M，HBV-DNA。新生儿出生断脐后立即检测静脉血HBV-M，HBV-DNA定量，再注射乙肝免疫球蛋白200 IU和乙肝疫苗10 mg，乙肝疫苗0，1，6方案接种。结果 治疗组比对照组HBV-DNA定量在分娩前显著降低，差异有统计学意义($P<0.05$)；4组检测ALT、AST的总体阳性率比较$P>0.05$，差异无统计学意义。治疗组停药后1 月HBV-DNA定量均回复至治疗前水平，HBsAg均>250 IU·mL^{-1}，HBeAg均未转阴。治疗组与对照组新生儿宫内感染率分别为6.74%(6/89)和31%(9/29)，$P<0.05$，差异有统计学意义。结论 拉米夫定用于妊娠晚期阻断乙肝病毒宫内感染安全有效，高病毒载量乙肝携带的孕妇分娩后即可停药，停药后需定期检查肝功能及HBV-DNA定量。

英文摘要:

OBJECTIVE To study the effect of different withdrawal time of lamivudine on pregnant women blocking HBV intrauterine infection and to seek the best withdrawal time. METHODS Selected 120 pregnant women, who had HBsAg /HBeAg double positive, HBV DNA≥105 copies·mL^{-1}, ALT and AST were normal and delivered in our hospital from January 2008 to November 2010, were divided into the treatment group of 90 cases and the control group, 30 cases. The people of treatment group were divided randomly into three groups, who began to take lamivudine 100 mg·d^{-1} orally in the 28th week of pregnancy. 30 cases of group A stopped treatment after delivery, 30 cases in group B stopped in the 4th week after delivery, 30 cases in group C stopped in the 6th week after childbirth, and the 30 cases of control group D did not take drug. Cases in the four groups were tested for the quantity of ALT, AST, HBV-M, and HBV-DNA in the 26-28th week during pregnancy and before childbirth. The patients of A, B and C group(cases in the group D were tested after delivery) were tested for ALT, AST, HBV-M, HBV-DNA in the 1st month, 3rd month, 6th month after drug discontinuation, and neonatus were detected immediately for HBV-M, HBV-DNA in venous blood after cut umbilical cord, then were injected 200 IU hepatitis B immuneglobulin and 10 ug hepatitis B vaccine, (hepatitis B vaccine was immunizated by 0,1,6 program). RESULTS The quantity of HBV-DNA of patients in the treatment groups was lower significantly than that in the control group before delivery, the difference was statistically significant ($P<0.05$); The overall positive rate of ALT, AST in four group , the difference was not statistical significance ($P>0.05$). The load levels of HBV-DNA in the treatment groups returned to levels of pre-treatment at 1st month after drug discontinuance, HBsAg >250 IU·mL^{-1}, HBeAg were negative. The treatment group and the control group in newborns with intrauterine infection rates were 6.74% (6/89) and 31% (9/29), $P<0.05$, the difference was statistically significant. CONCLUSION Lamivudine is safe and effective to interrupt intrauterine infection of HBV in late pregnancy, the high viral load carriers of pregnant women can stop drug after childbirth, and need to check periodically liver function and quantification of HBV-DNA after withdrawal.