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HBeAg阳性感染孕妇妊娠期中晚期接受替比夫定治疗HBeAg及抗-HBc胎盘透过率的影响(PDF)

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Title: Effects of telbivudine on transmission of HBsAg and HBeAg through placenta in HBV infected pregnant women in second or third trimester

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关键词: 替比夫定; HBsAg; HBeAg; 宫内传播; 透过率

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摘要: 目的 观察HBeAg阳性、HBV DNA高复制慢性HBV感染孕妇的HBsAg、HBeAg和抗-HBc胎盘透过率,进一步明确替比夫定阻断母婴传播的机制。方法 回顾性分析在本院例行孕期检查以及产科分娩的HBeAg阳性、HBV DNA $\geq 10^6$ IU/mL的慢性HBV感染孕妇84例,根据阻断HBV母婴传播方式不同分为常规双重免疫阻断组(常规组,15例)和双重免疫+替比夫定阻断组(替比夫定组,69例)。检测妊娠中晚期、分娩时母亲和新生儿脐带血清HBsAg、HBeAg及抗-HBc水平。结果 两组之间母亲及新生儿HBsAg、HbeAg和抗-HBc水平无统计学差异(孕妇分娩时:HBsAg $P=0.058$, HBeAg $P=0.065$, 抗-HBc $P=0.727$; 新生儿脐血: HBsAg $P=0.761$, HBeAg $P=0.225$, 抗-HBc $P=0.924$),且两组之间的HBsAg和HBeAg胎盘透过率亦无统计学差异(分别为 $P=0.172$, 0.163)。两组新生儿脐带血抗-HBc透过率均为阳性。结论 妊娠中

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晚期替比夫定不能降低孕妇HBsAg、HBeAg水平和HBsAg、HBeAg的胎盘透过率，其阻断HBV母婴传播的机制可能主要与有效降低孕妇HBV DNA水平有关。透过率与母亲HBsAg和HBeAg水平不成平行关系。

Abstract: **Objective** To determine the change of transmission of HBsAg, HBeAg and anti-HBC through placenta in HBV infected pregnant women at the second and third trimesters after the treatment of telbivudine. **Methods** We systematically investigated 69 mothers with HBeAg positive and HBV DNA levels $\geq 10^6$ IU/mL who made routine pregnancy checks in our hospital from February 2008 to October 2012 and received telbivudine at 600 mg per day from 24th to 33th week of gestation. Another 15 pregnant women at the same situation who were unwilling to receive the treatment served as control. All the mothers and the cordblood of infants were detected for the serum HBV markers (HBsAg, anti-HBs, HBeAg, anti-HBe, HBV DNA). **Results** There was no significant difference in serum levels of HBsAg, HBeAg and anti-HBC titers in the mothers and their infants from either the telbivudine group or the untreated group (serum of mothers at delivery, HBsAg $P=0.058$, HBeAg $P=0.065$; blood of infants, HBsAg $P=0.761$, HBeAg $P=0.225$). There was also no difference of the transmission rate of HBsAg and HBeAg between two groups ($P=0.172$ and $P=0.163$). The serum anti-Hbc could absolutely transit the placenta in the two groups. **Conclusions** We demonstrated that telbivudine couldn't effectively downgrade the levels of serum HBsAg and HBeAg of the mothers and the transmission rate of cordblood in the telbivudine group. The mechanism of telbivudine preventing mother to infant transmission might be due to its declining the levels of HBV DNA. The levels of serum HBsAg and HBeAg in the mother is not parallel to the transmission rate of cordblood and the mothers.

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