

论著

聚乙二醇干扰素 $\alpha$ -2a 治疗HBeAg 阳性慢性乙型肝炎疗效的影响因素分析

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**摘要:** 目的: 观察聚乙二醇干扰素 $\alpha$ -2a 治疗HBeAg 阳性慢性乙型肝炎(CHB) 的疗效,探讨预测疗效的相关因素。方法: 确诊并进行聚乙二醇干扰素 $\alpha$ -2a 治疗(180  $\mu$ g,皮下注射,每周1 次)的HBeAg 阳性CHB 患者,分为标准疗程组(48 周)和延长疗程组(>48 周)。观察治疗结束及治疗结束后随访24 周后2 组的HBsAg 和HBeAg 血清学转换、HBV DNA 定量低于检测下限及ALT 复常情况。结果: 共81 例患者纳入本研究,其中标准疗程组37 例,延长疗程组44 例,延长疗程组疗程52~92 周(中位数72 周)。2 组患者在性别比例、年龄、基线ALT 水平、HBeAg 半定量、HBV DNA 定量方面差异均无统计学意义( $P>0.05$ )。治疗结束及治疗结束后随访24 周后,延长疗程组HBeAg 血清学转换率均明显高于标准疗程组(54.5% vs 29.7%,  $P=0.025$ ; 76.9% vs 52.9%,  $P=0.008$ )。经二元Logistic 回归分析,年龄和24 周HBeAg 半定量为标准疗程治疗结束24 周后HBeAg 血清学转换的影响因子,其构建预测模型的受试者工作特征曲线下面积为0.872,最佳截断点-1.299,灵敏度100.0%,特异度66.7%。对2 组患者进行COX 多因素回归分析,疗程和年龄是治疗结束24 周后HBeAg 血清学转换的影响因子。结论: 聚乙二醇干扰素 $\alpha$ -2a 治疗HBeAg 阳性CHB,年轻患者及延长疗程可在治疗结束24 周后获得更高的HBeAg 血清学转换率。标准疗程中患者年龄和24 周HBeAg 半定量对治疗结束24 周的HBeAg 血清学转换有一定的预测价值。

**关键词:** 肝炎,乙型,慢性 干扰素 $\alpha$ -2a 聚乙二醇类 治疗 影响因素

Factors influencing the curative effect in patients with HBeAg positive chronic hepatitis B treated with peg-interferon  $\alpha$ -2a

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**Abstract:** Objective: To investigate the factors that influence the curative effect in patients with HBeAg positive chronic hepatitis B (CHB) treated with peg-interferon  $\alpha$ -2a, and to explore whether such factors might predict the therapeutic effect. Methods: HBeAg-positive CHB patients treated with peg-interferon  $\alpha$ -2a (180  $\mu$ g once a week) were divided into a standard therapy group (48 weeks) and an extended therapy group (>48 weeks). The rates of HBsAg loss, HBeAg loss, HBeAg seroconversion, HBV DNA clearance, and ALT normalization were all evaluated in the two groups at the end of treatment and after 24 weeks follow up. Results: A total of 81 patients were enrolled in the study. The standard therapy group included 37 patients, and the extended therapy group included 44 cases, with durations ranging from 52 to 92 (median 72) weeks. The baseline clinical data were comparable between the two groups ( $P>0.05$ ). At the end of treatment and at 24 weeks of follow-up, the HBeAg seroconversion rate of the extended therapy group was significantly higher than that of the standard therapy group (54.5% vs 29.7%,  $P=0.025$ , at 24 weeks; 76.9% vs 52.9%,  $P=0.008$ , after follow-up). In the standard therapy group, age and half-quantification of HBeAg at 24 weeks of treatment were the predictive factors for HBeAg seroconversion at 24 weeks of follow-up. Using a logistic regression model, the area under the receiver operating characteristic curve was 0.872, taking the optimum cut-off point of -1.299, with 100.0% sensitivity at 66.7% specificity. COX multi-factor analysis (of the two groups) showed that age and therapy duration were predictive factors for HBeAg seroconversion at 24 weeks of follow-up. Conclusion: HBeAg-positive CHB patients treated with peg-interferon  $\alpha$ -2a may have a better curative effect at a young age or with extended therapy. Age and half-quantification of HBeAg at 24 weeks of treatment may predict HBeAg seroconversion at 24 weeks of follow-up after completion of the standard therapy.

**Keywords:** hepatitis B, chronic interferon  $\alpha$ -2a polyethylene glycol therapy influencing factors

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