拉米夫定联合阿德福韦酯治疗拉米夫定耐药HBeAg阳性慢性乙型肝炎患者的疗效观察

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摘要：

摘要：目的 探讨拉米夫定（LAM）联合阿德福韦酯（ADV）治疗拉米夫定耐药的HBeAg阳性慢性乙型肝炎患者的临床治疗价值。方法 将LAM耐药的HBeAg阳性慢性乙型肝炎患者分为A、B两组，A组（123例）继续口服LAM每日100 mg，同时加用ADV每日10 mg；B组（108例）停用LAM，仅口服ADV每日10 mg治疗。疗程均为48周。采用实时荧光定量PCR进行HBV DNA载量检测，酶联免疫吸附试验进行乙型肝炎病毒表面标志物检测，同时检测ALT、AST。结果 A组治疗48周，ALT复常率、HBV DNA低于检测下限的比率、HBeAg低于检测下限的比率及抗-HBe血清转换率分别为88.6%、80.5%、35.8%、16.7%。B组治疗48周，ALT复常率、HBV DNA低于检测下限的比率、HBeAg低于检测下限的比率及抗-HBe血清转换率分别为77.8%、63.9%、16.7%和13.0%。A组明显高于B组，差异有统计学意义（$P < 0.05$）。结论 LAM联合ADV治疗LAM耐药HBeAg阳性慢性乙型肝炎患者的临床治疗效果优于单用ADV治疗。

Abstract: Objective To investigate the value of adefovir dipivoxil combined with lamivudine treatment after lamivudine resistance in chronic hepatitis B patients with HBeAg positive. Methods Patients were divided into two groups. Group A were treated with lamivudine associated with adefovir dipivoxil after lamivudine resistance. Group B were treated with adefovir dipivoxil instead of lamivudine. HBV DNA was detected by real-time PCR, and HBV markers were detected by ELISA. ALT and AST were also detected. Results After 48 weeks treatment, the normalization rate of ALT in group A was 88.6%, the rate of HBV DNA undetectable was 80.5%, the rate of HBeAg undetectable was 35.8%, and anti-HBe serum conversion rate was 16.7%. Meanwhile, the normalization rate of ALT in group B was 77.8%, the rate of HBV DNA undetectable was 63.9%, the rate of HBeAg undetectable was 16.7%, and anti-HBe serum conversion rate was 13.0%. All indexes in group A were bviously higher than those in group B, with statistical difference. Conclusions Effect of lamivudine ssociated with adefovir dipivoxil in treatment of chronic hepatitis B patients after lamivudine resistance is better than swiching to adefovir dipivoxil.

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