

Speaker Declarations

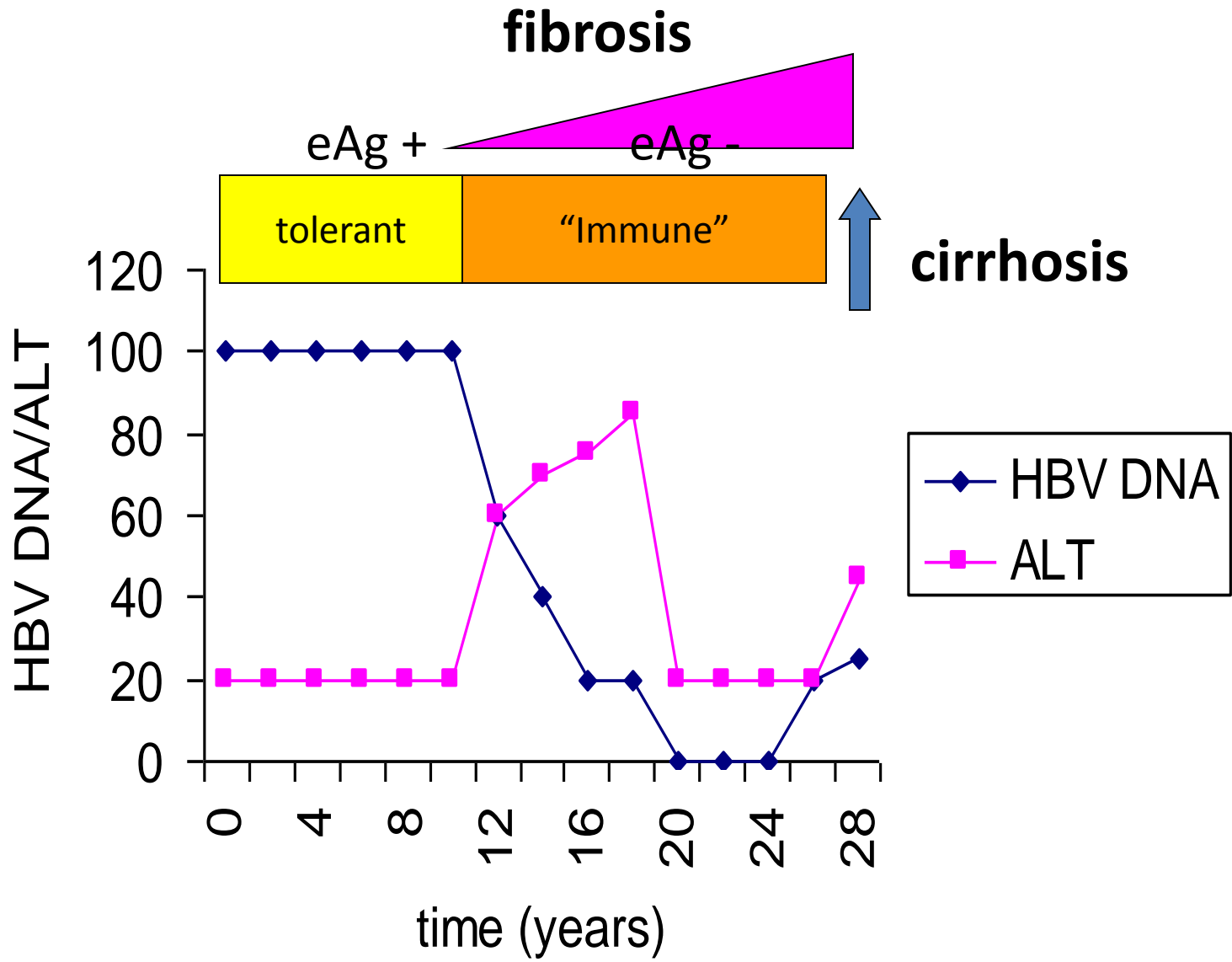
Name of Speaker: Steve Ryder/Philip Kaye

This presenter has the following declarations of relationship with industry

- Personal payments/honoraria/fees
- Research grants
- Educational grants
- Travel grant or fellowship
- Equipment grant
- Sponsorship of fellow within department
- **NONE relevant to this presentation**

[Nov 2018]

Viral Hepatitis: liver biopsy in 2018



Treatment sequence in adults with HBeAg-negative chronic hepatitis B and compensated liver disease

- Offer a 48-week course of peginterferon alfa-2a as first-line treatment in adults with HBeAg-negative chronic hepatitis B and compensated liver disease^[1].
- Offer entecavir or tenofovir disoproxil as second-line treatment to people with detectable HBV DNA after first-line treatment with peginterferon alfa-2a.

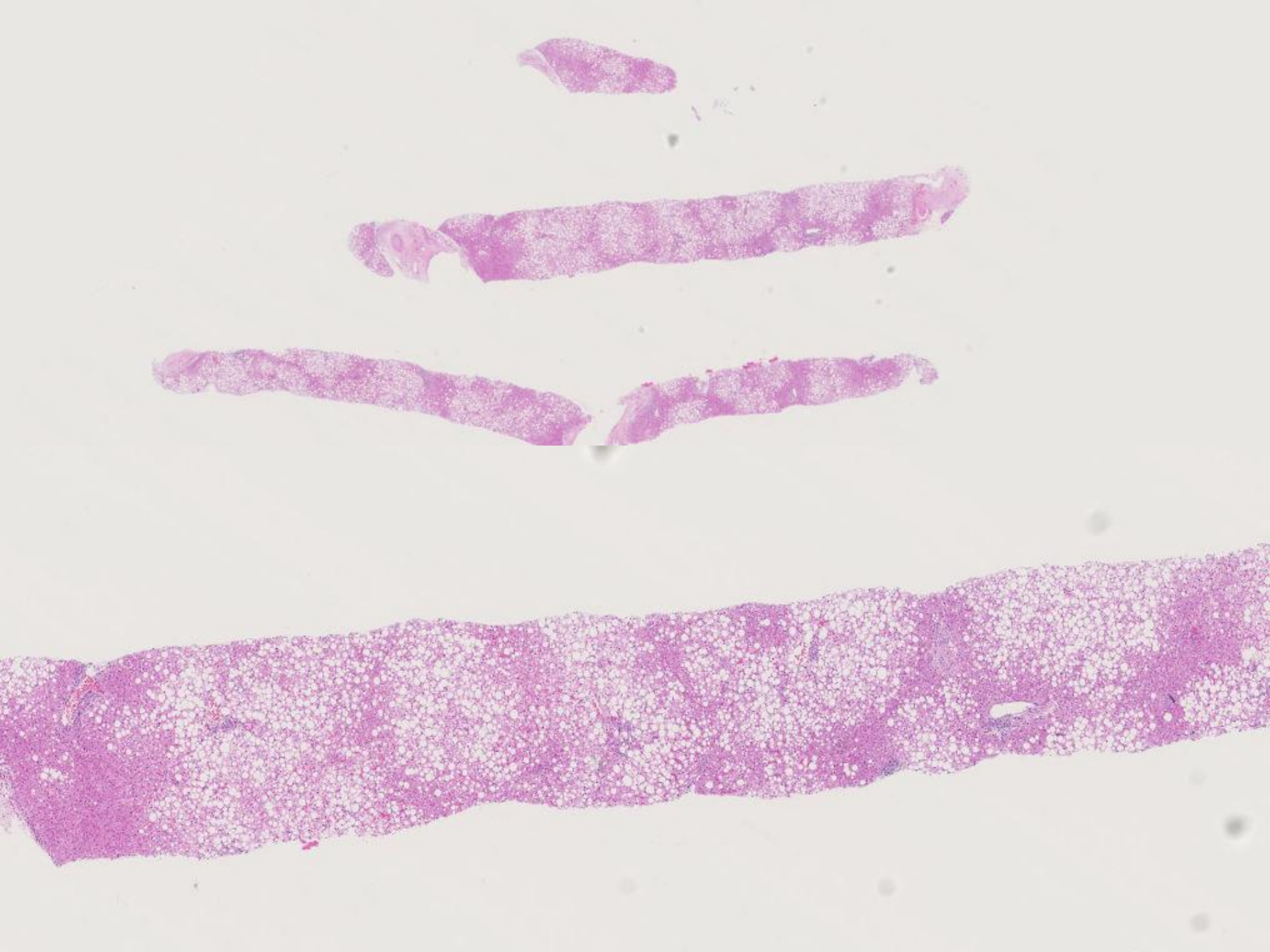
- 1.3.3 Offer transient elastography as the initial test for liver disease in adults newly referred for assessment.
- 1.3.4 Offer antiviral treatment without a liver biopsy to adults with a transient elastography score greater than or equal to 11 kPa^[4], in line with recommendation 1.5.6.
- 1.3.5 Consider liver biopsy to confirm the level of fibrosis in adults with a transient elastography score between 6 and 10 kPa^[5]. Offer antiviral treatment in line with recommendations 1.5.3 to 1.5.7.
- 1.3.6 Offer liver biopsy to adults with a transient elastography score less than 6 kPa if they are younger than 30 years and have HBV DNA greater than 2000 IU/ml and abnormal ALT (greater than or equal to 30 IU/ml for males and greater than or equal to 19 IU/ml for females) on 2 consecutive tests conducted 3 months apart^[6]. Offer antiviral treatment in line with recommendations 1.5.3 to 1.5.7.

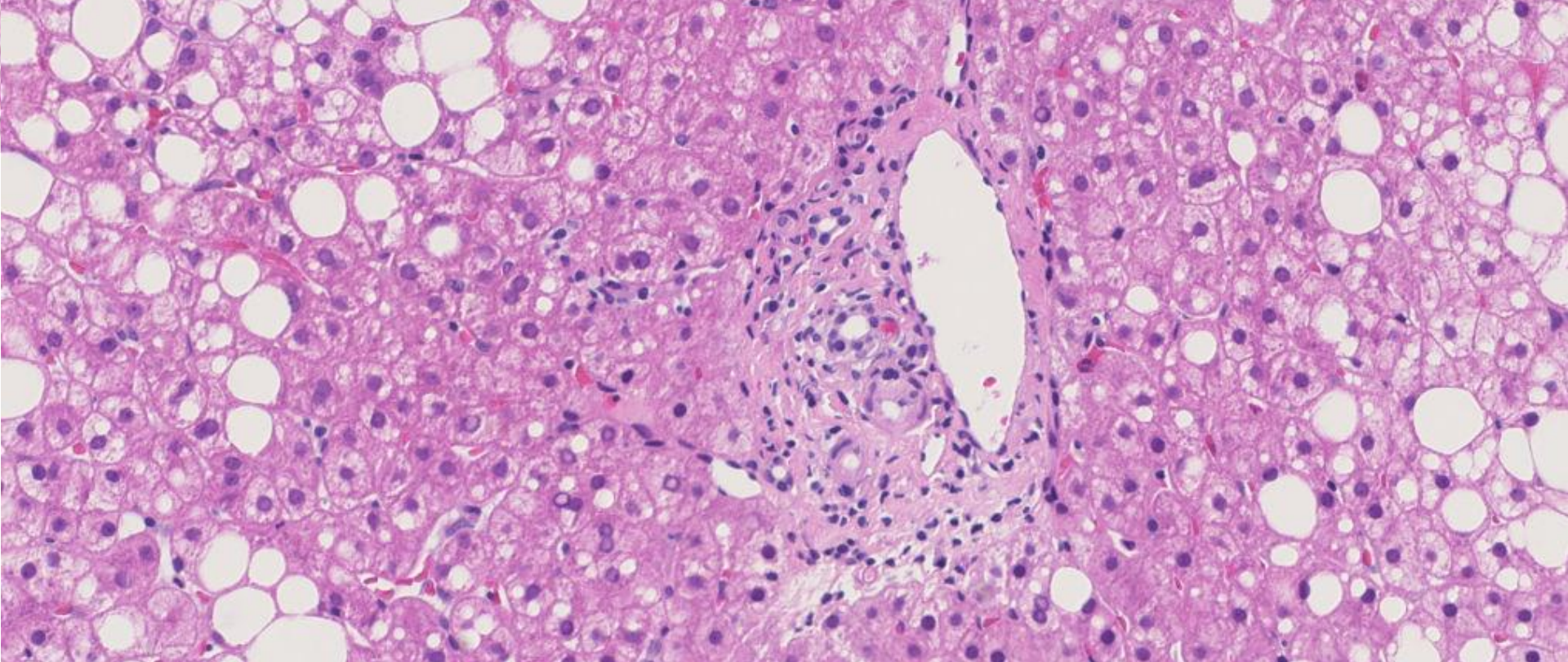
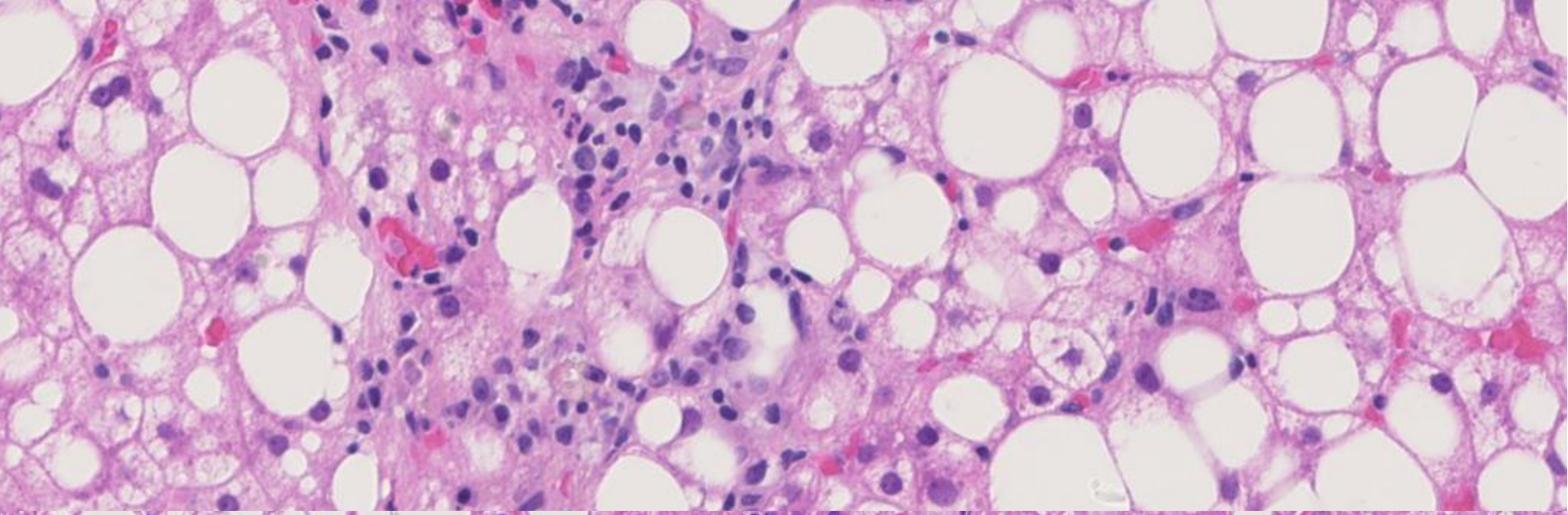
1.5.3 Offer antiviral treatment to adults aged 30 years and older who have HBV DNA greater than 2000 IU/ml and abnormal ALT (greater than or equal to 30 IU/L in males and greater than or equal to 19 IU/L in females) on 2 consecutive tests conducted 3 months apart.

1.5.5 Offer antiviral treatment to adults who have HBV DNA greater than 20,000 IU/ml and abnormal ALT (greater than or equal to 30 IU/L in males and greater than or equal to 19 IU/L in females) on 2 consecutive tests conducted 3 months apart regardless of age or the extent of liver disease.

Mr X S

- 45 years, BMI 27, hypertension
- HBsAg+, eAg –
- HBV DNA 2×10^4 IU/ML
- ALT 73
- Fibroscan 8.6





Diagnosis

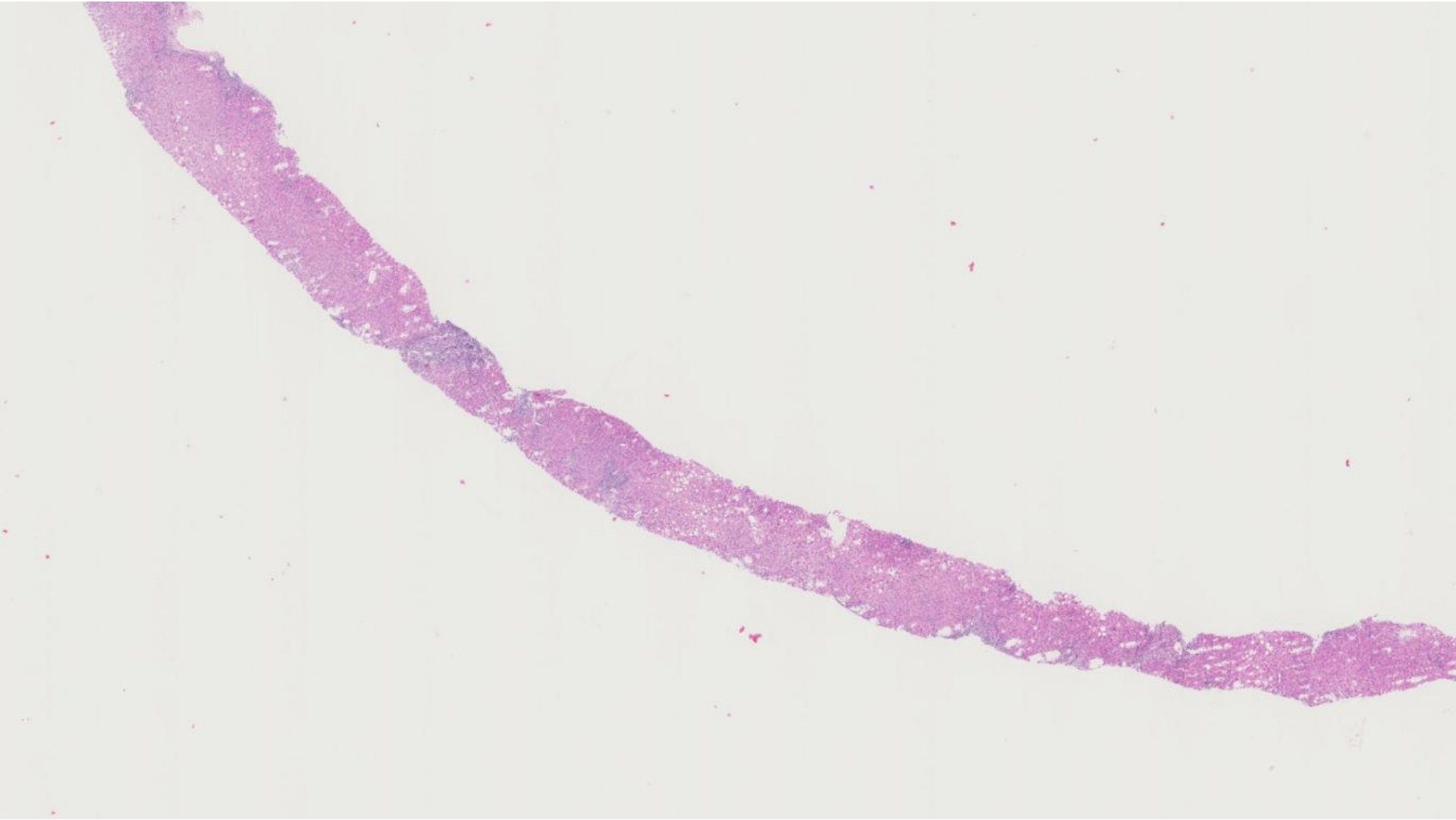
- Hepatitis B and Steatohepatitis
- Steatohepatitis appears dominant process damaging liver

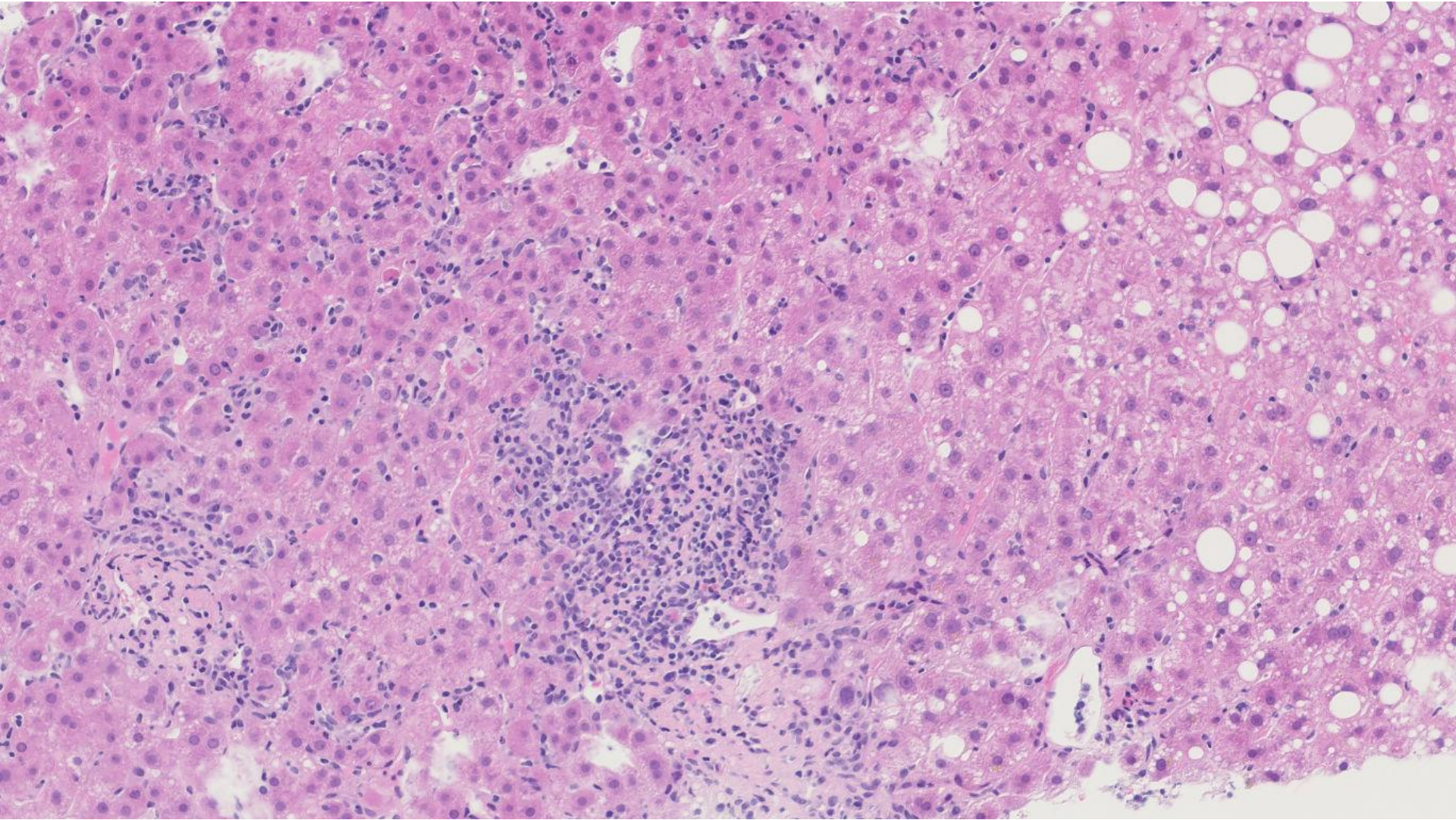
Hepatitis B and Steatosis

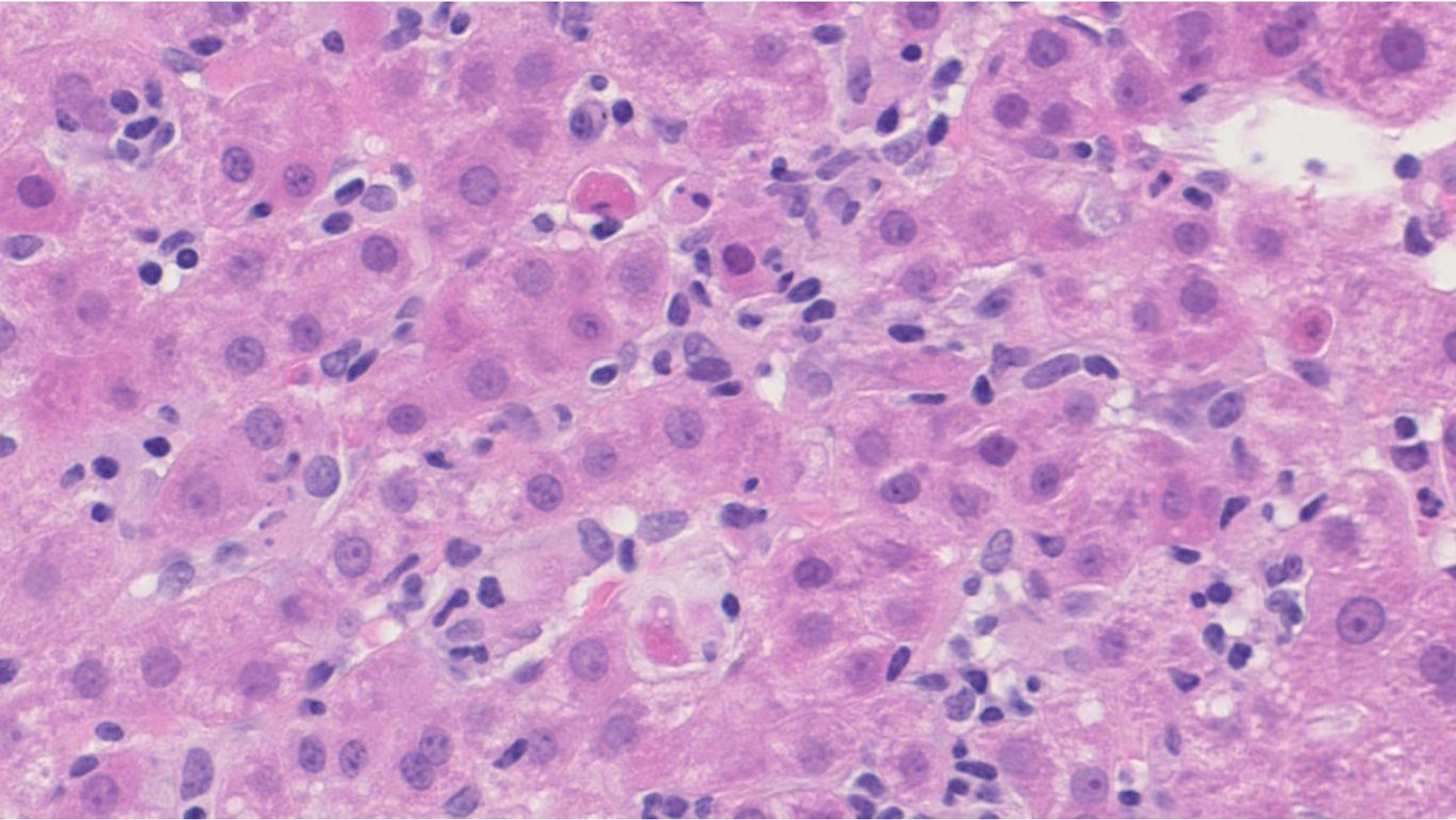
- 25% of Hep B biopsies but no positive association despite potential mechanisms
- Inverse relationship with hep B viral load
- No association with grade and stage
- Risk factors same as non-Hep B infected
- Possible increase risk of HCC
- Judgement needed to determine which process is causing liver damage

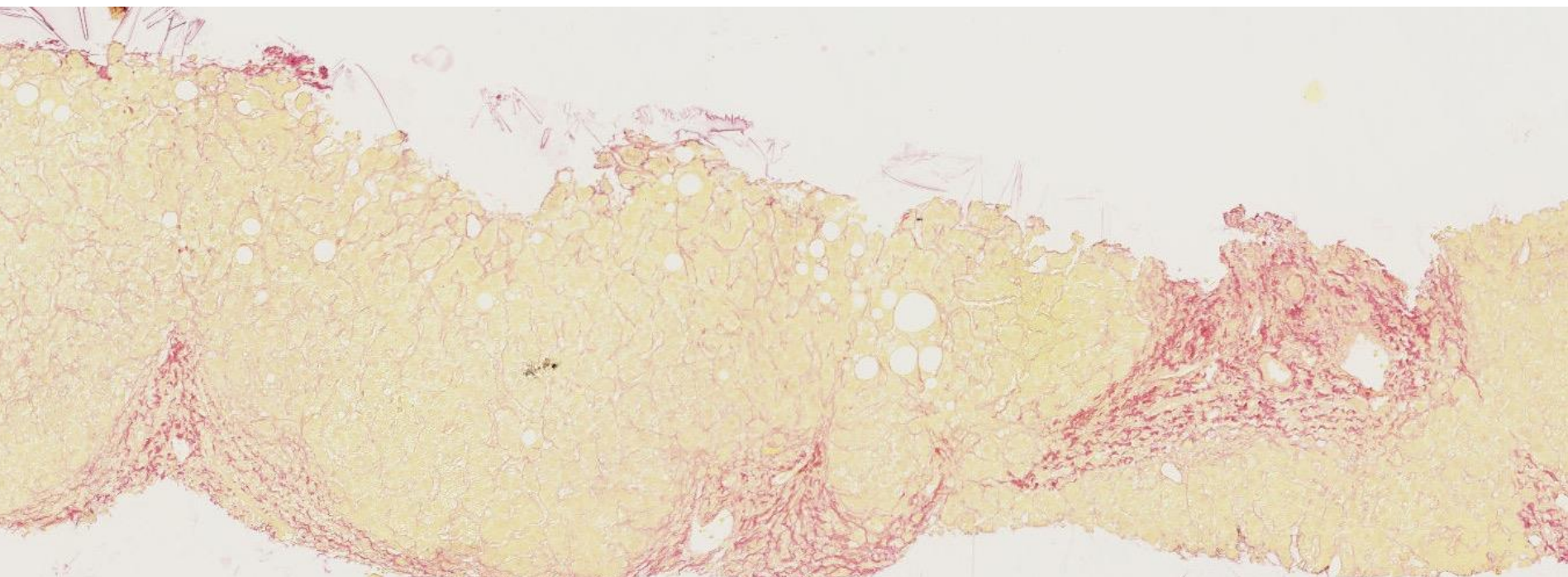
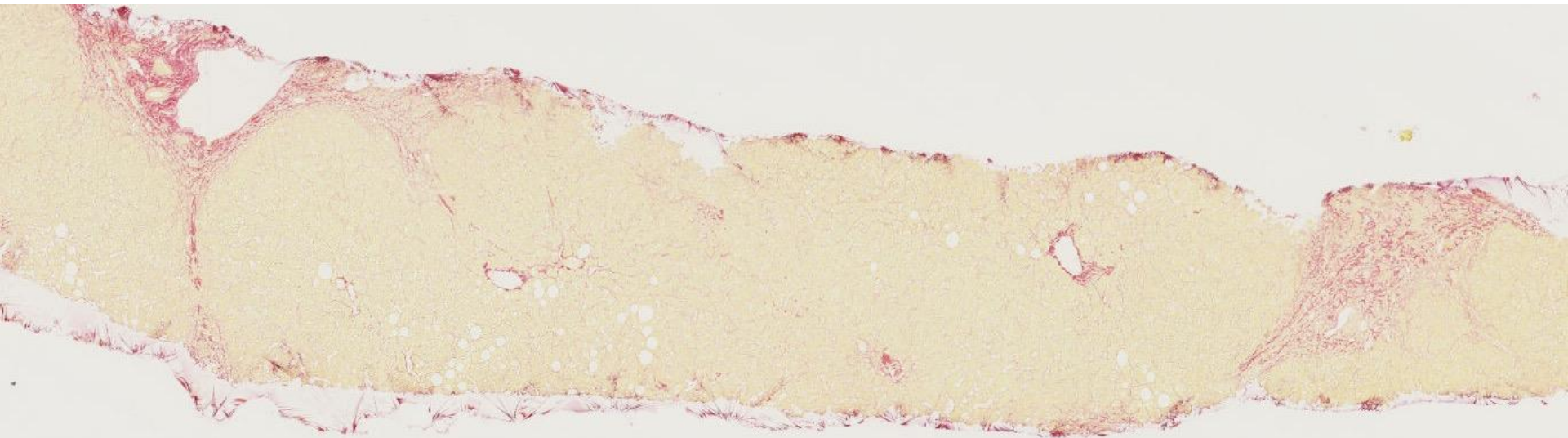
Mr ME

- 36 years old, Brazilian, BMI 23, well
- HBsAg+, eAg-
- HBV DNA 33 IU/ML
- ALT 275
- Fibroscan 10.9









Diagnosis

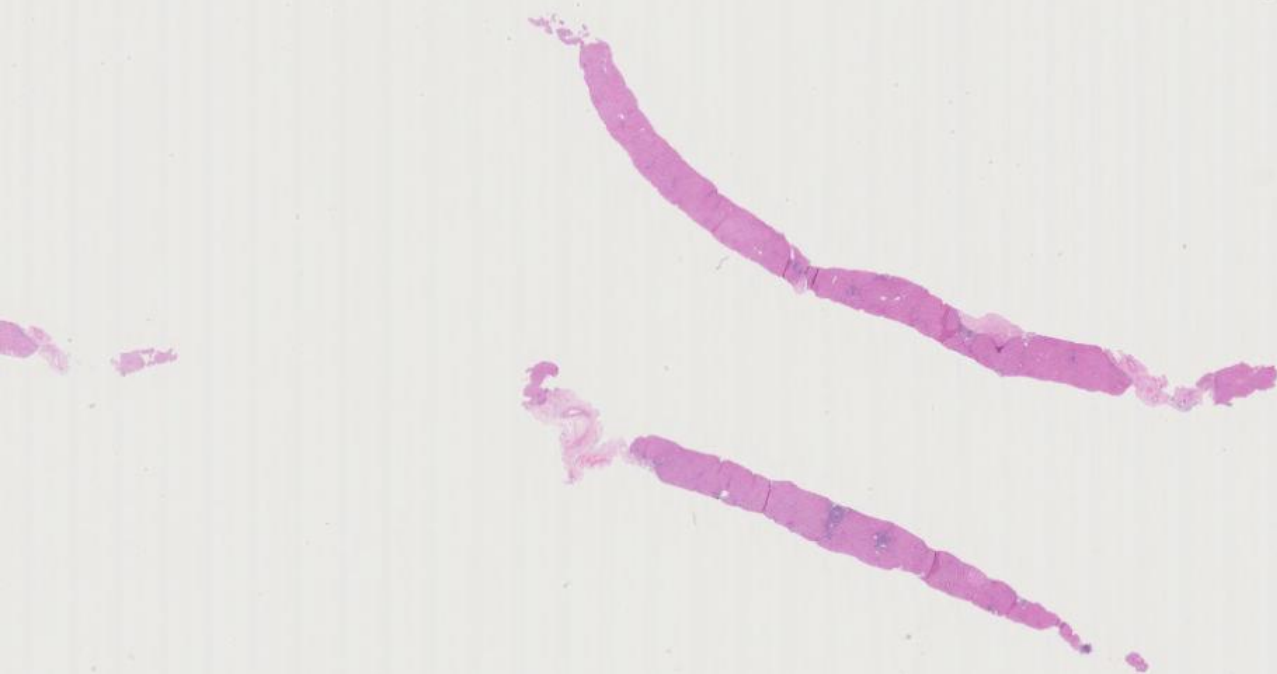
- Hepatitis B with Delta superinfection
Ishak Grade 12, Stage 5

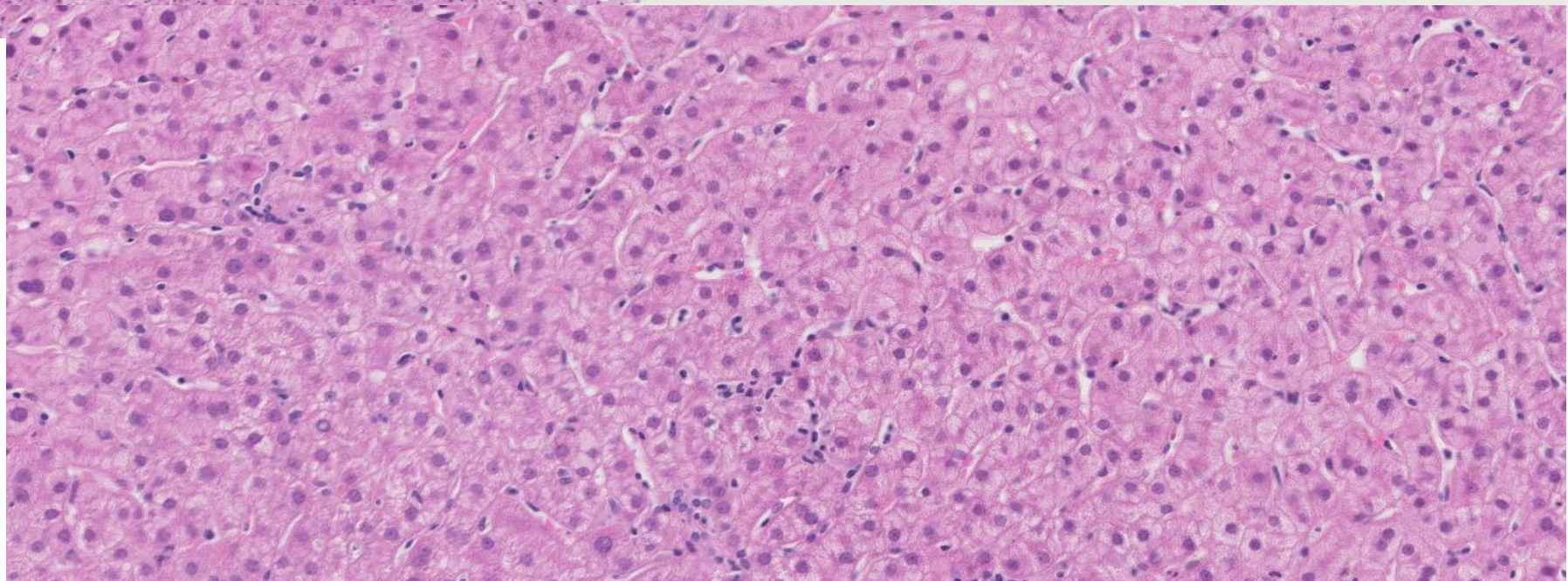
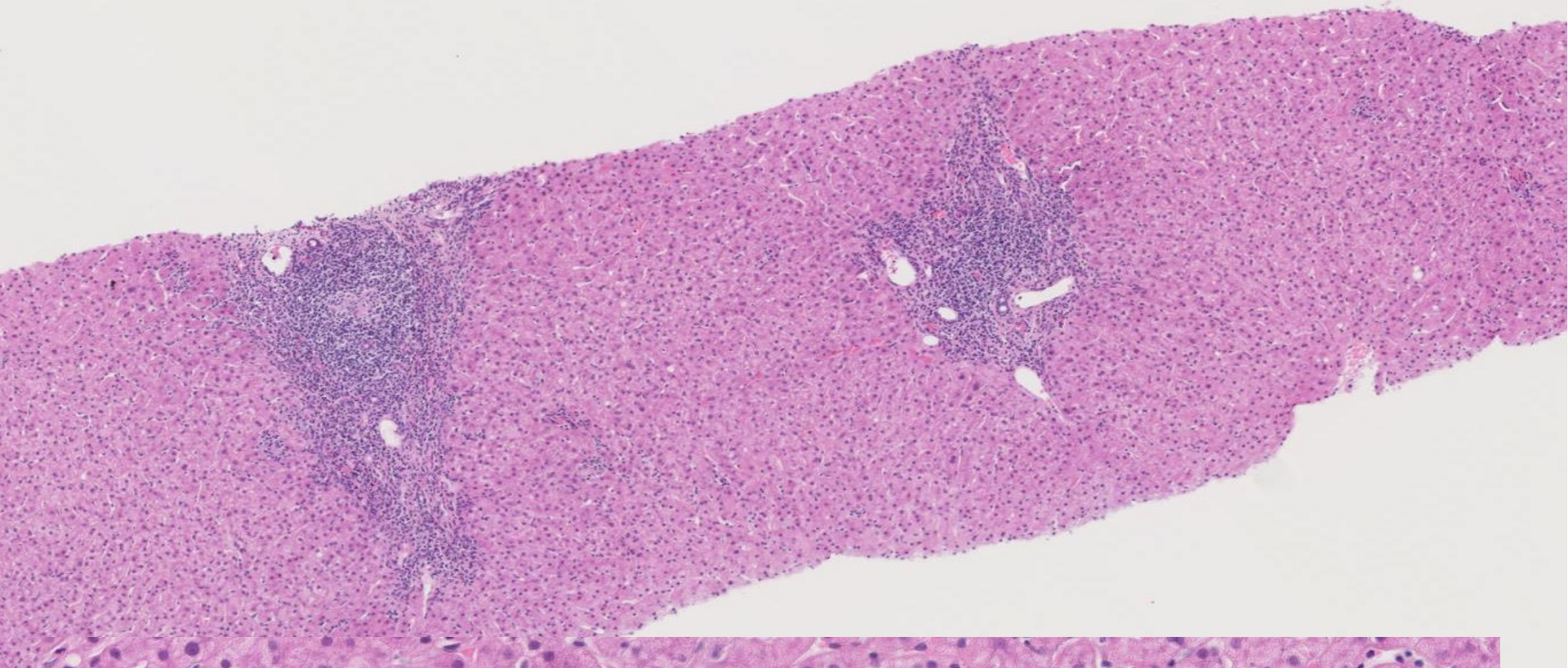
Delta Virus

- No specific features
- Generally greater necroinflammatory activity

Mr Y X

- 38 years old, born in Hong Kong
- HBsAg+, eAg +
- HBV DNA 3.1×10^7 IU/ML
- ALT 34
- Fibroscan 8.5
- NB ALT from GP 68





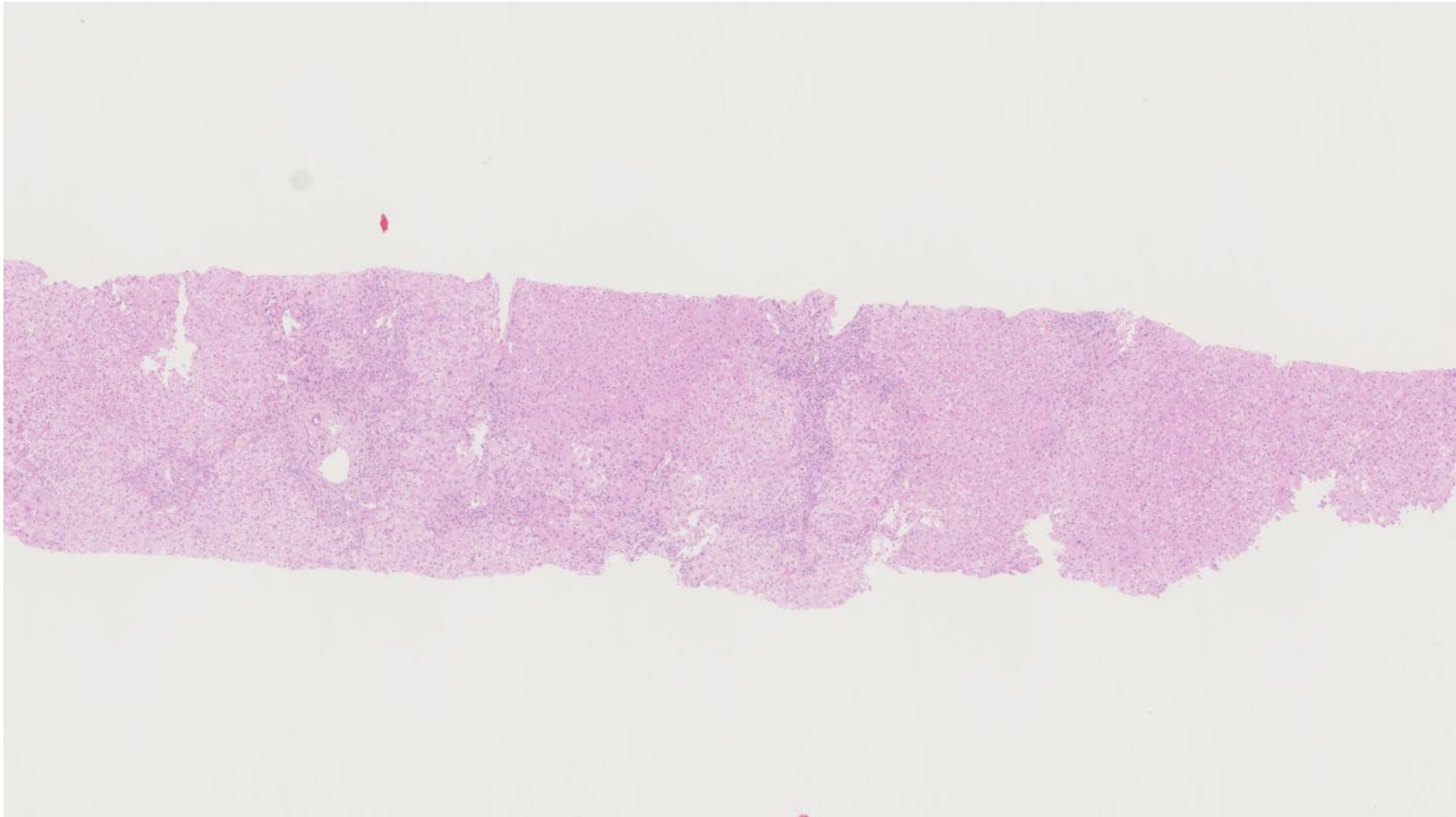


Liver biopsy

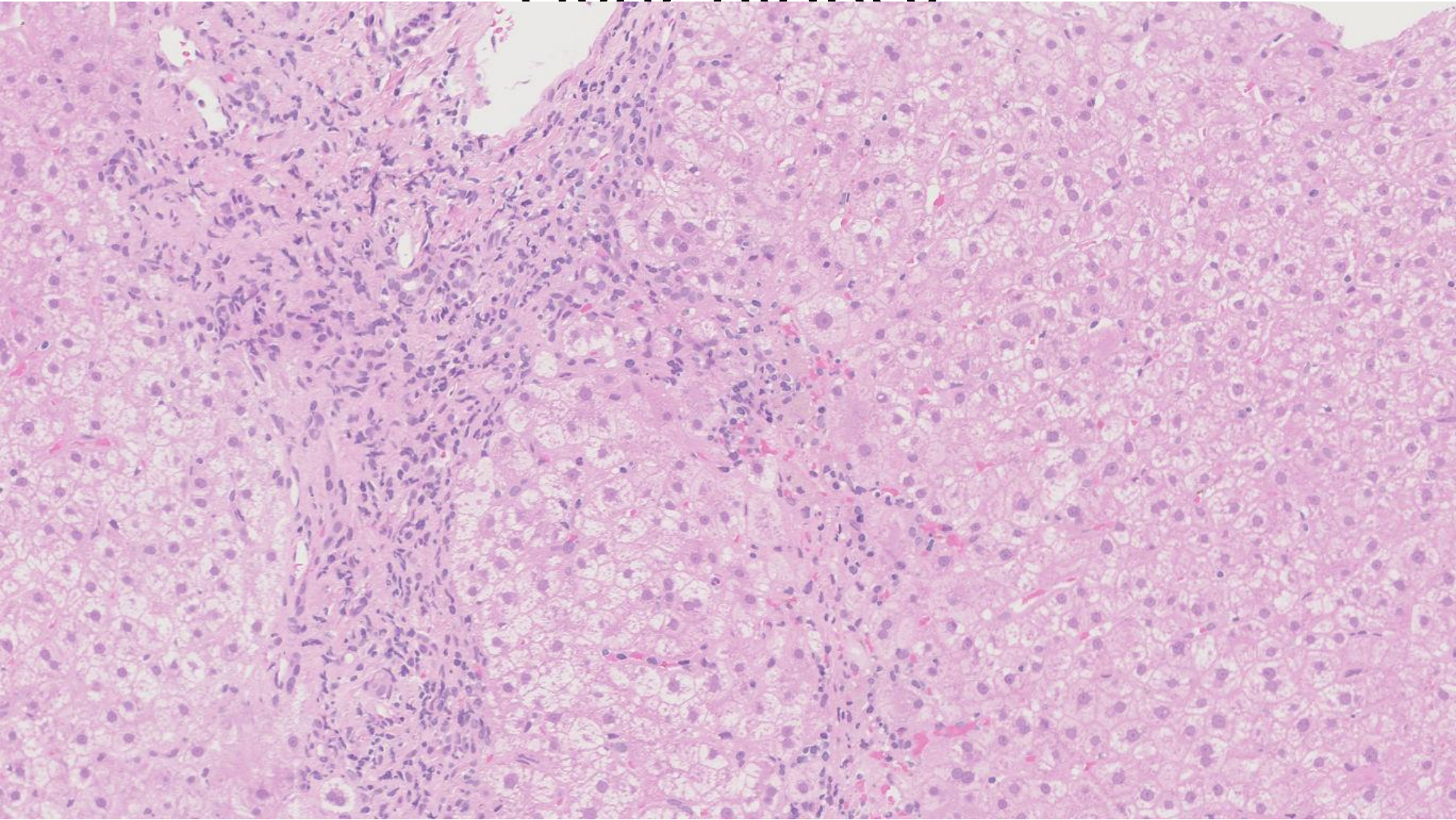
- Hepatitis B
- Ishak Grade 7 Stage 3

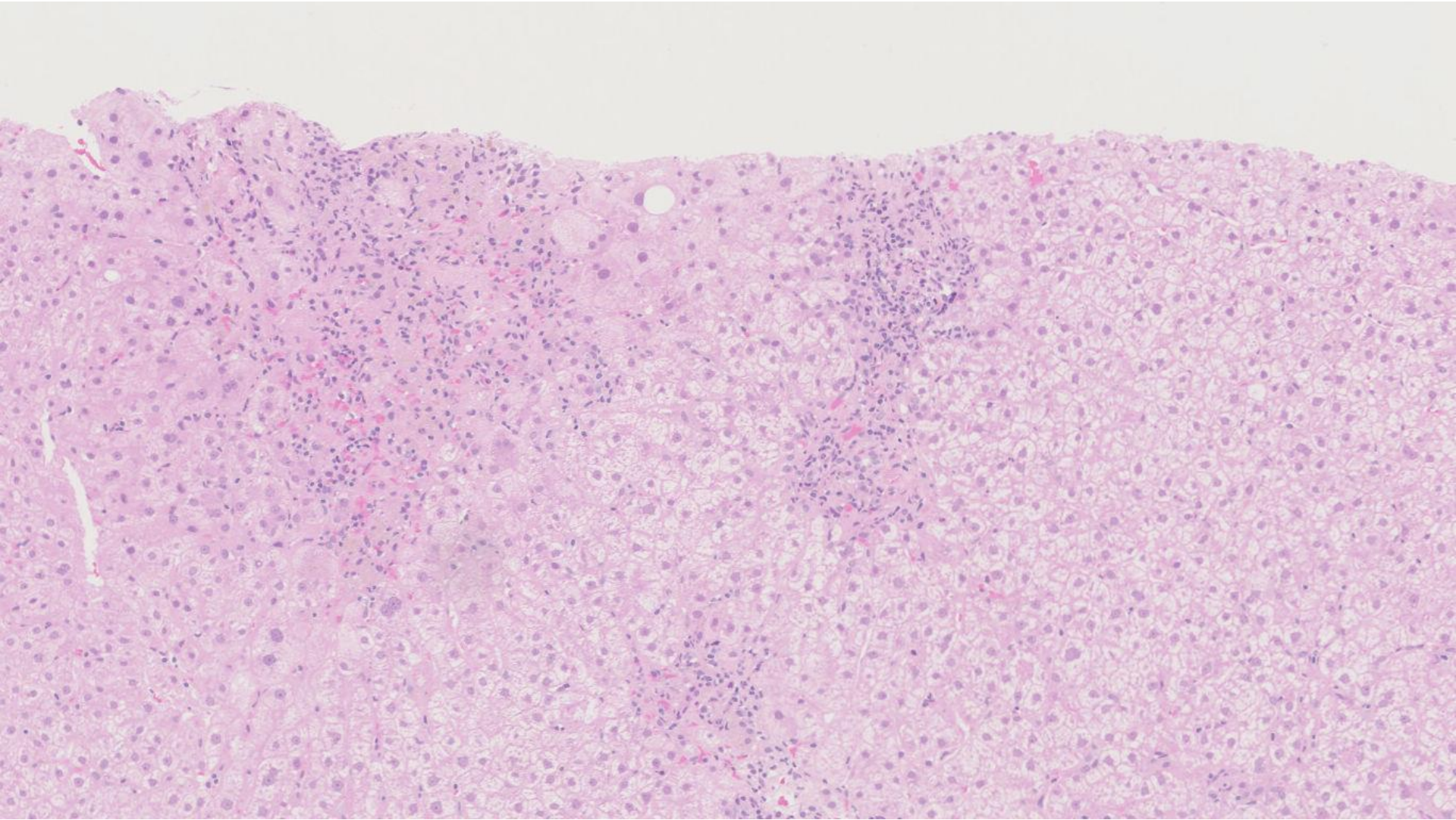
Mr B D

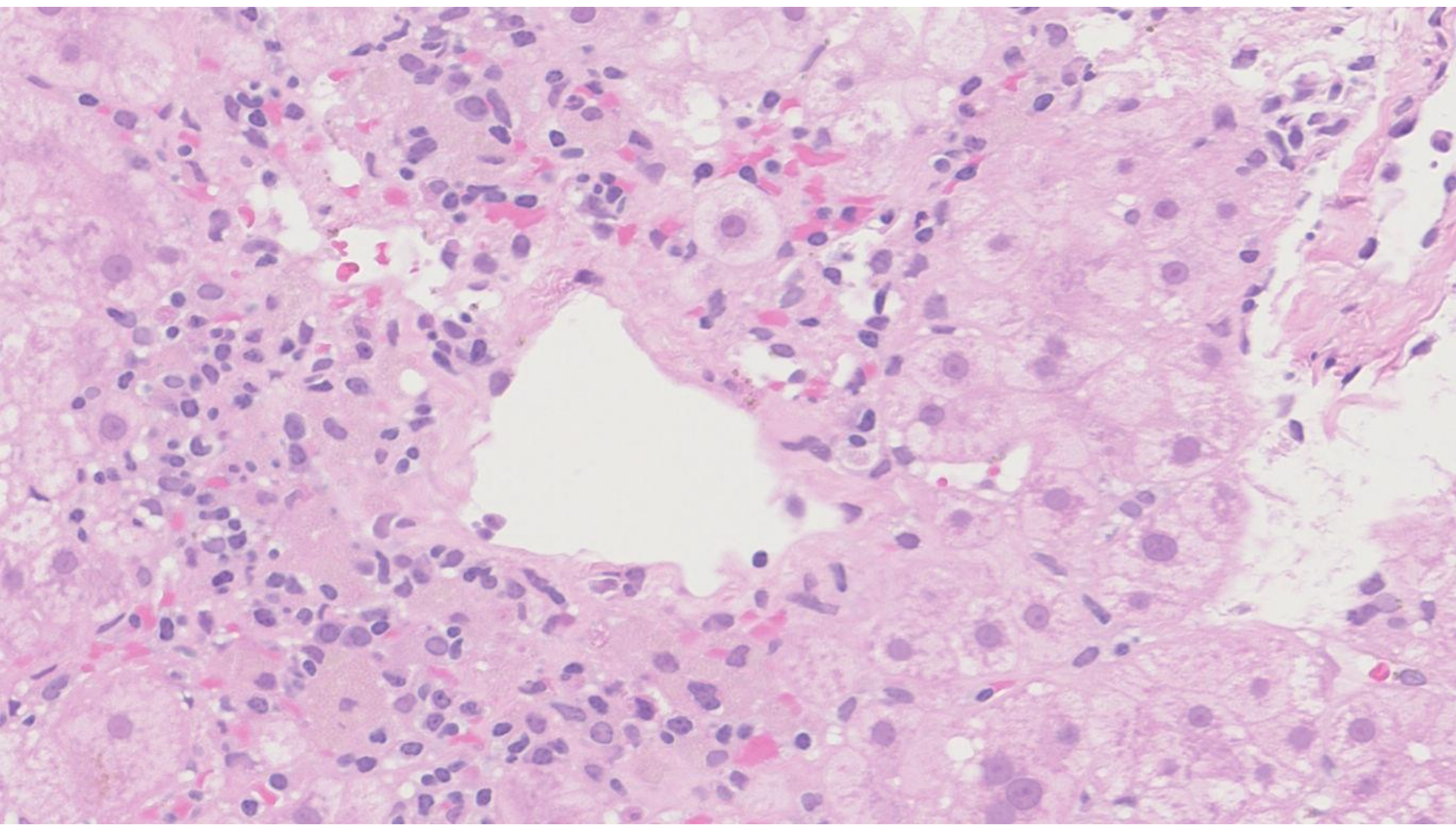
- 39 years old, from Gambia
- Presented to A+E with jaundice
- Bilirubin 151
- ALT 846
- HBsAg+, eAg-, IgM anti-core negative
- HBV DNA 33 IU/ML
- Delta ab negative
- Anti-smooth muscle ab pos, IgG 26

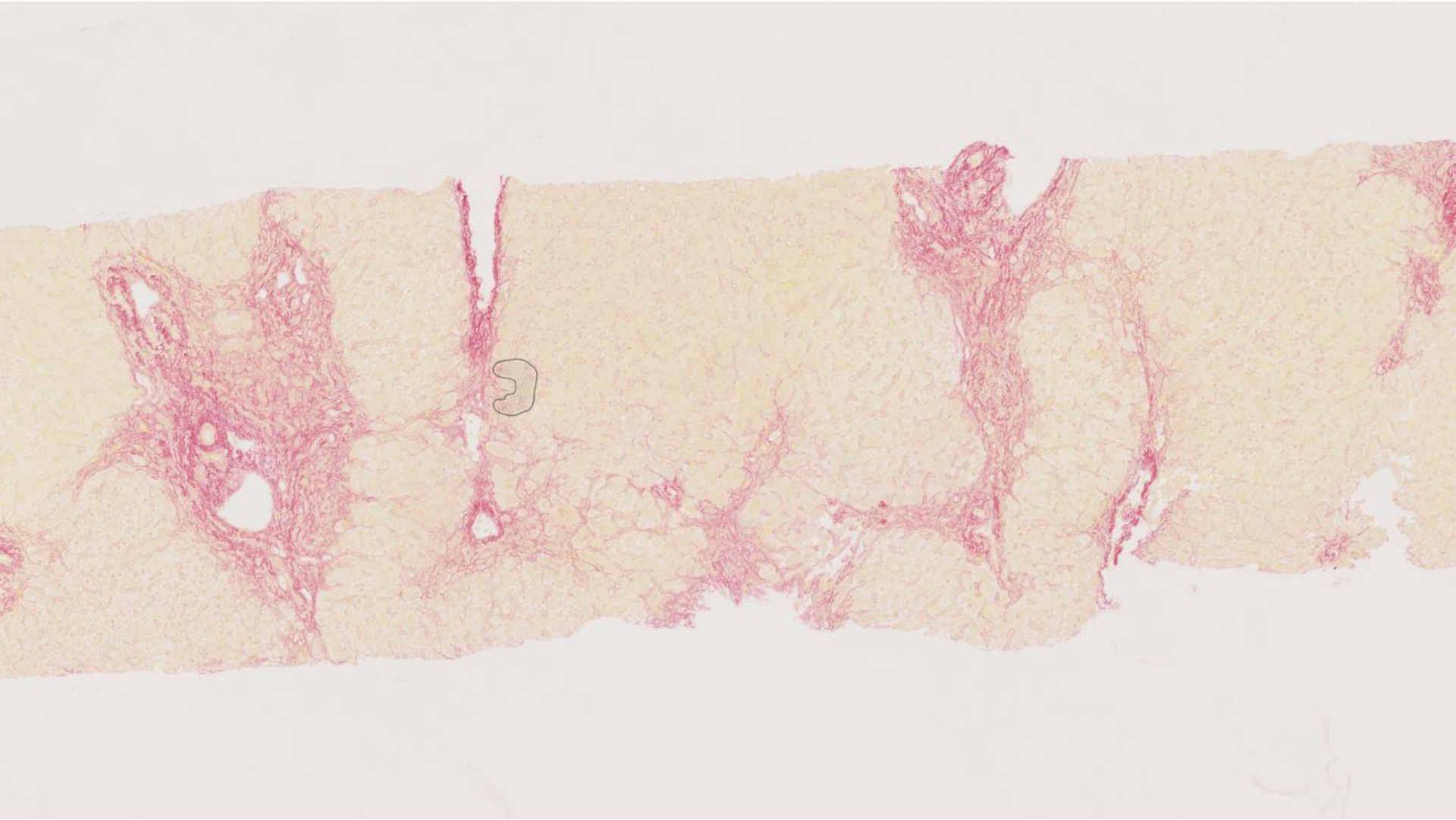


Liver biopsy







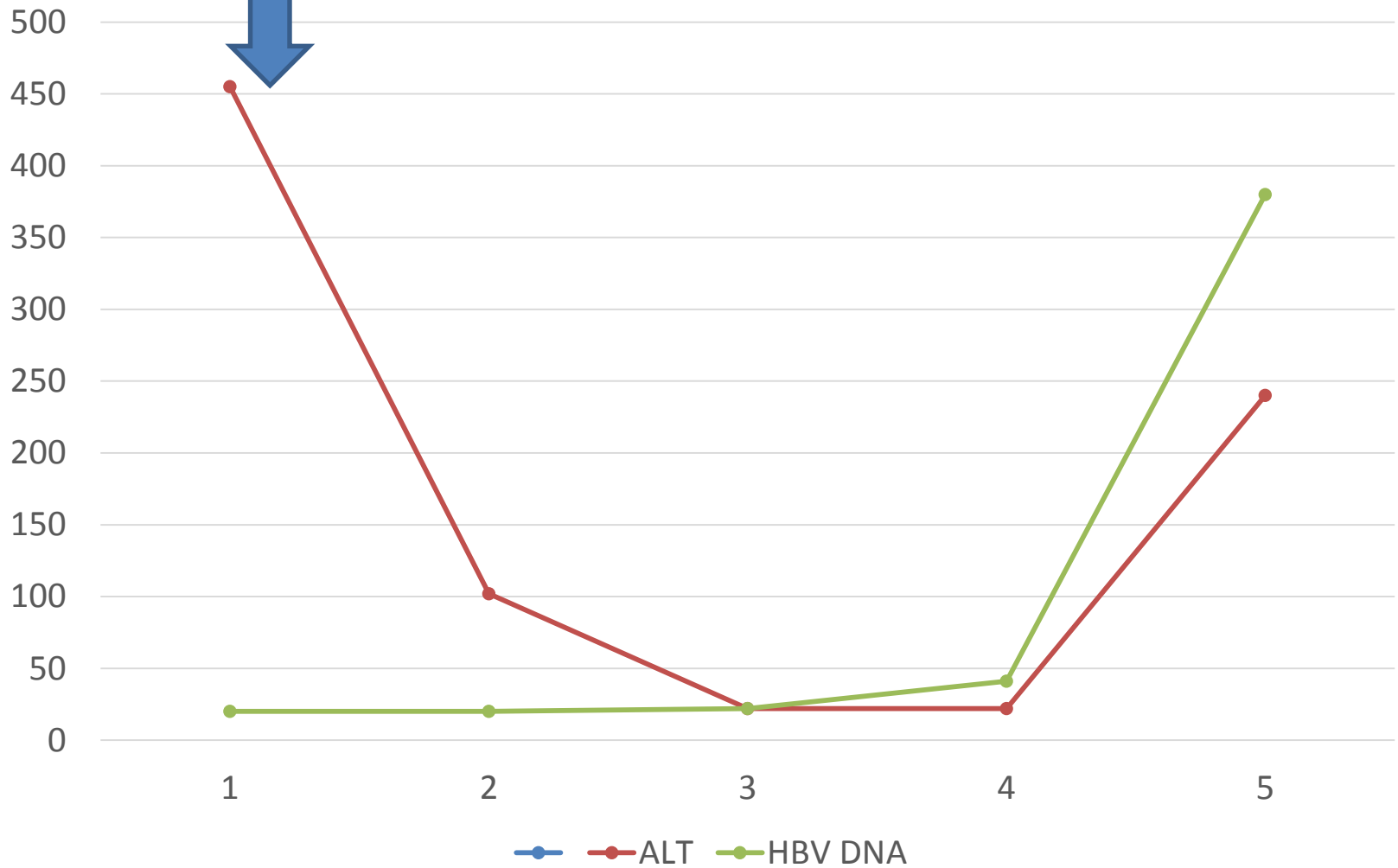
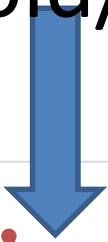




Diagnosis

- Hepatitis with severe activity with prominent perivenular necrosis
- Distinction of AIH and Acute Flare of Hep B difficult
- Degree of activity and necrosis together with High IgG and low Hep B DNA favours AIH
- Hep B Sag not much use

Steroid/Aza



Mr A B 59years

Clinic letter: December 2015

Chronic hepatitis C, genotype 3

Possible HCC

Previous hepatitis B with spontaneous clearance

Previous PEG/Riba 2013- null response

Bled from varices 2103

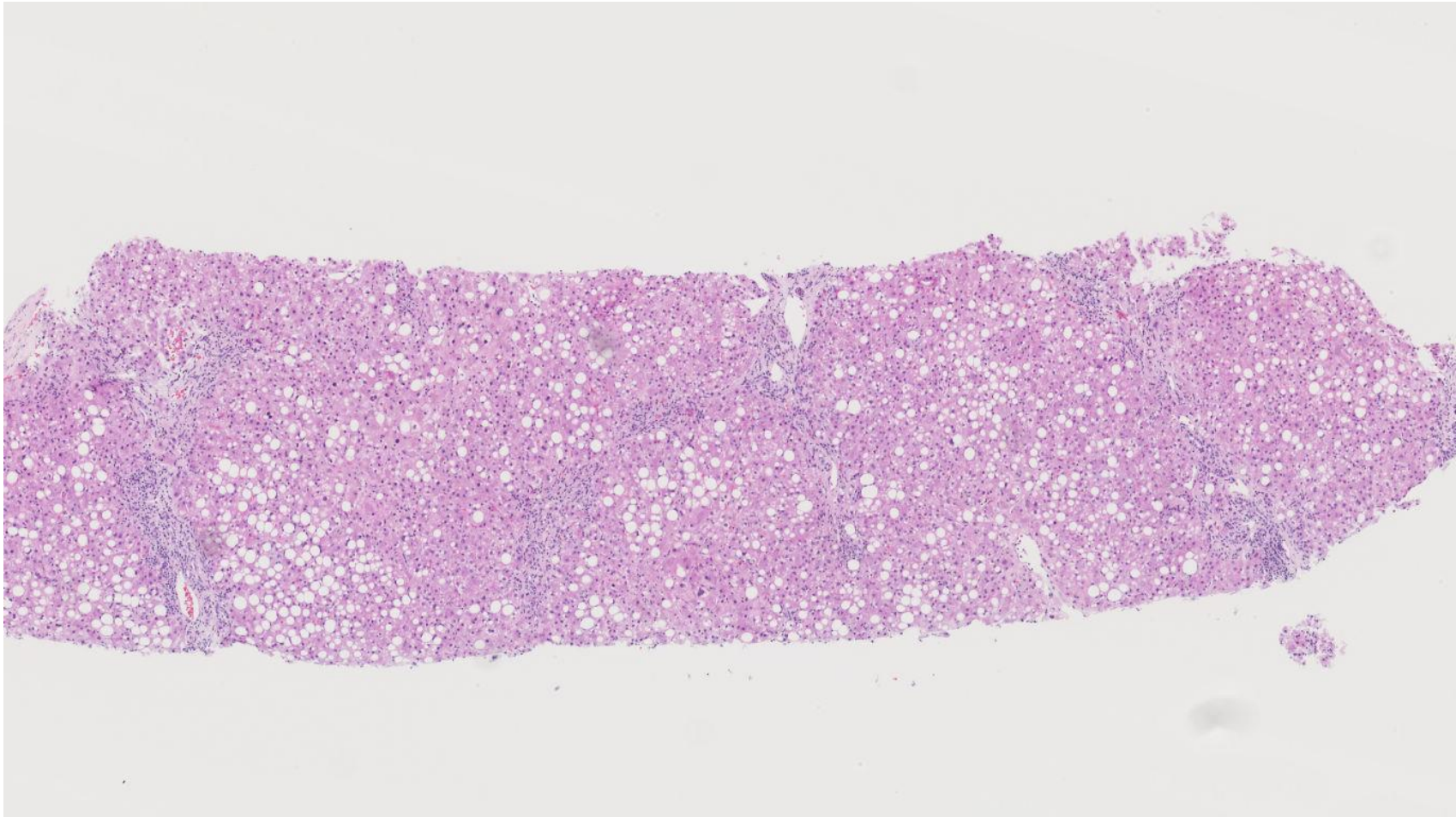
Treated in EAP 2014 Sof/Dec/Riba 24 weeks-relapse

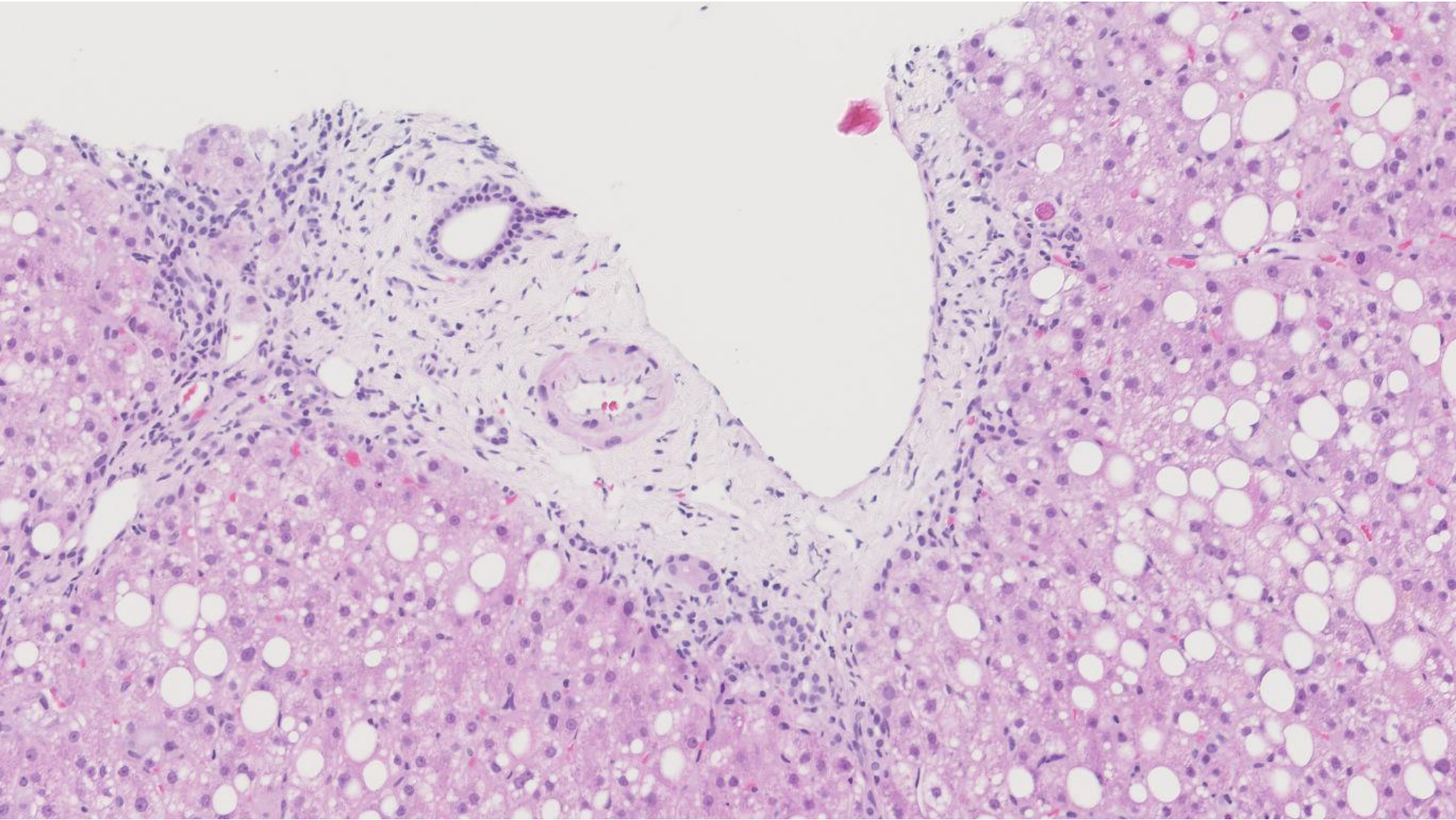
Re-treated Sof/Dac/Riba 48 weeks-relapsed

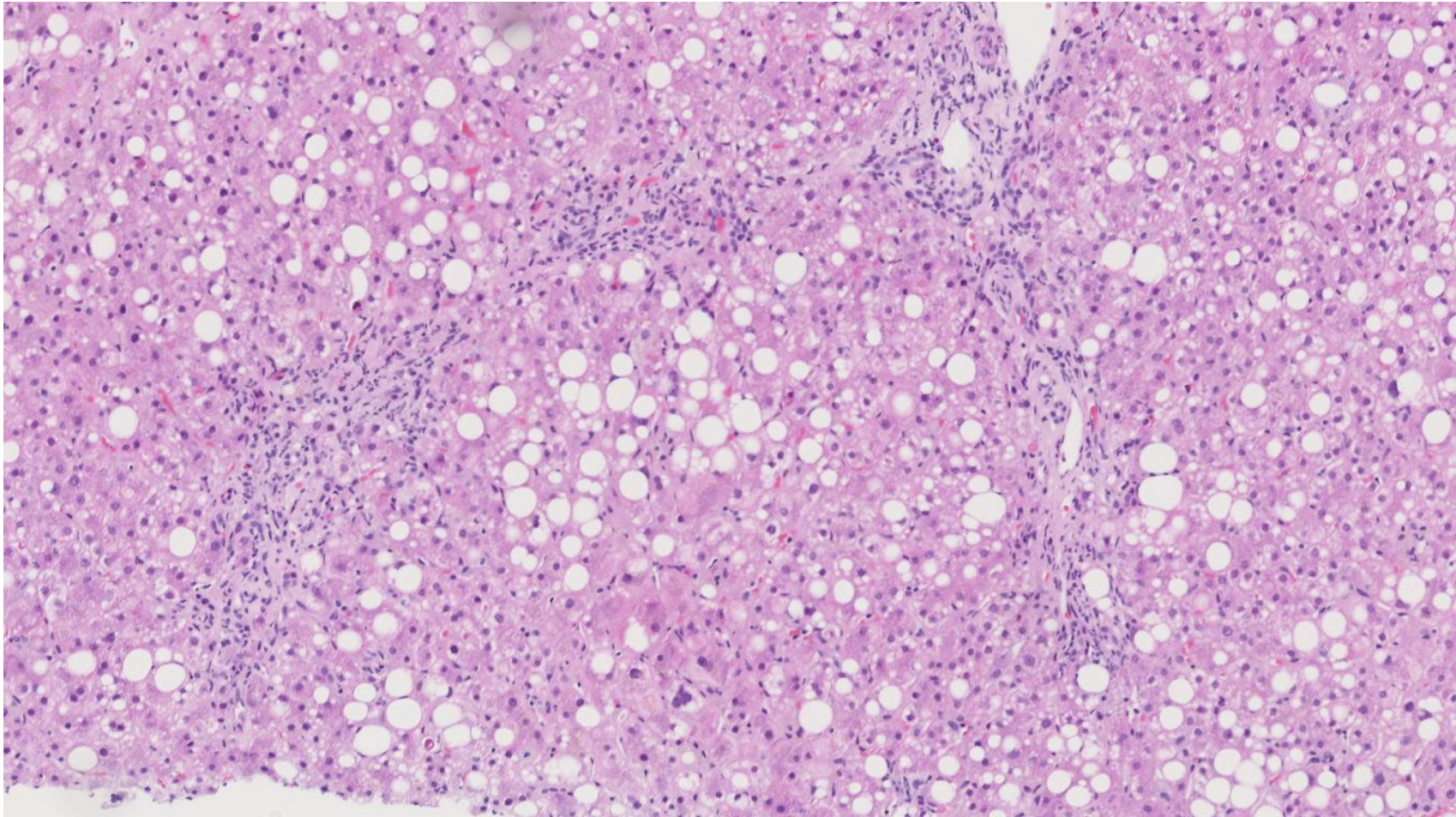
Progress

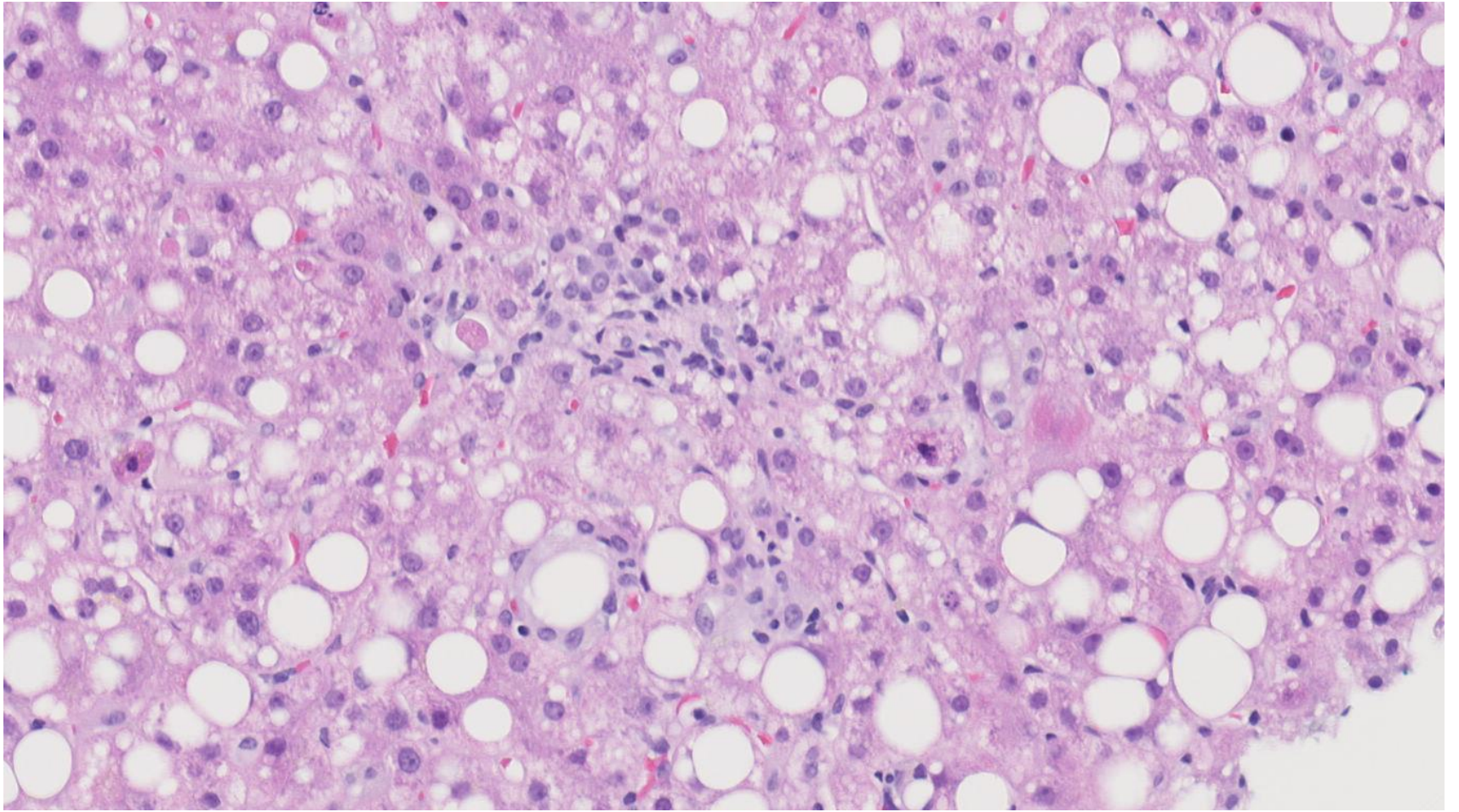
- June 2016 diagnosis: HCC
- Transplanted 21/10/2016, HCC confirmed
- Jan 2017 flare of LFT
 - ALT 455
 - HCV RNA 10^7 IU/ML

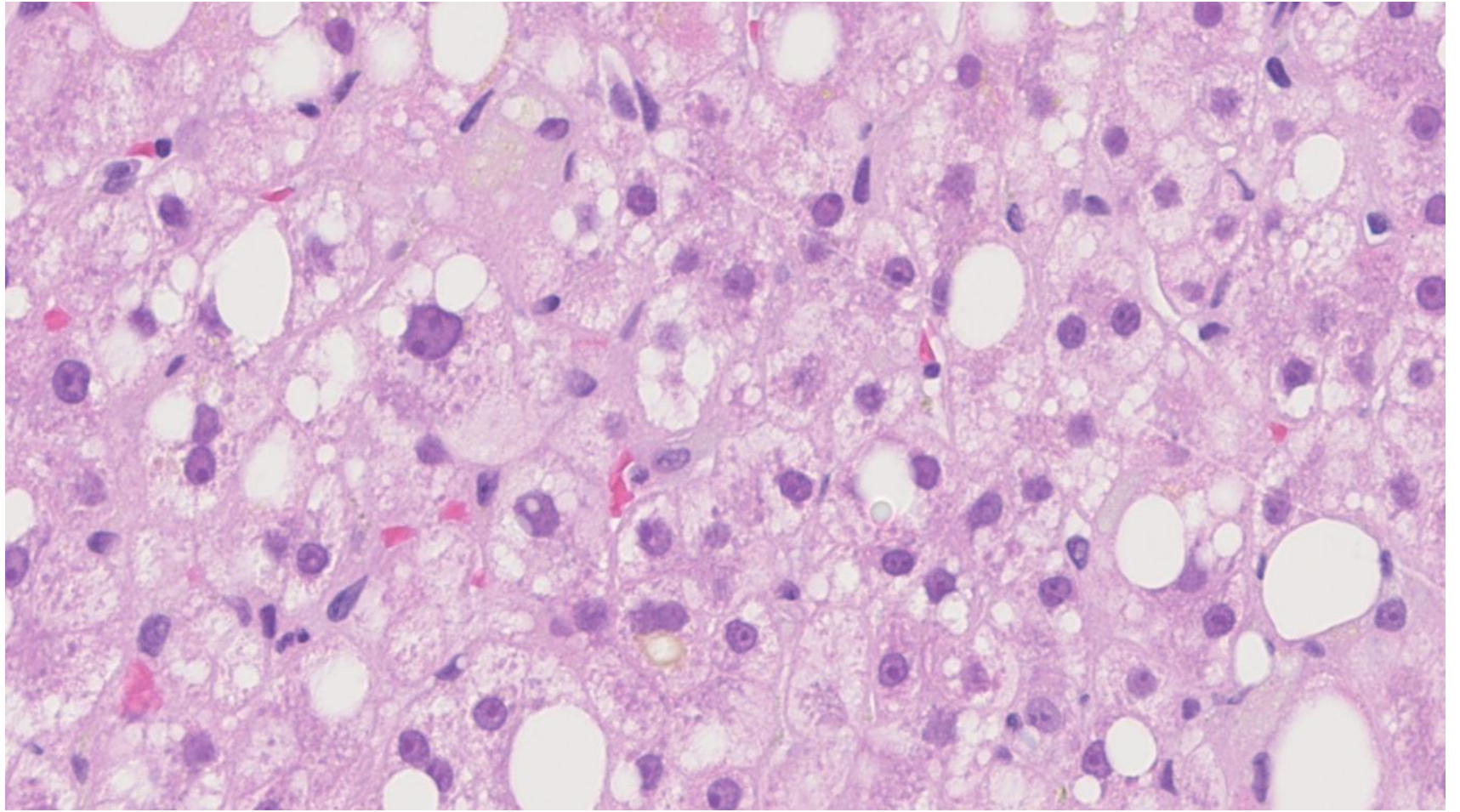


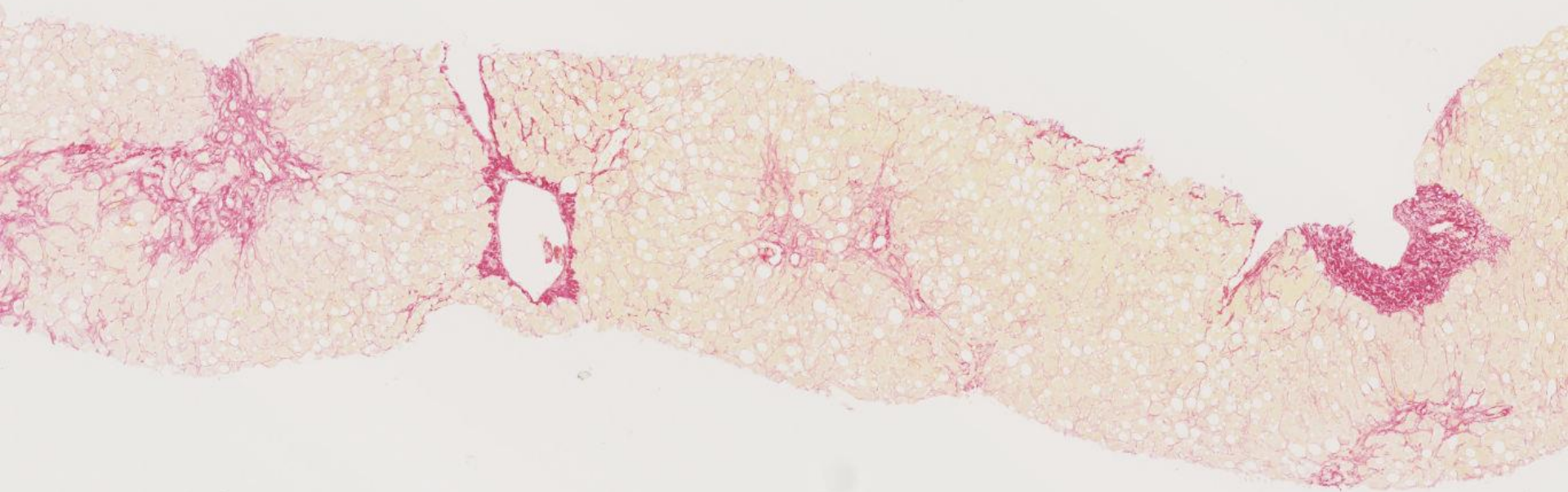












Diagnosis

- Recurrent Hepatitis C acute pattern
- Low portal tract involvement
- Lobular disarray and spotty necrosis with apoptotic hepatocytes
- Apoptotic hepatocytes also seen in ACR but less
- Steatosis also a common feature of Hep C rec
- Fibrosing Cholestatic Hepatitis – more severe
Prominent cholestasis, ductular reaction, fibrosis

progress

- April 2017 HCV retreated with Epclusa 12 weeks
- Relapsed
- April 2018 HCV retreated with Epclusa+rib 24 weeks
- HCV RNA 12IU/ML at 24 weeks
- Fingers crossed

Mr N R

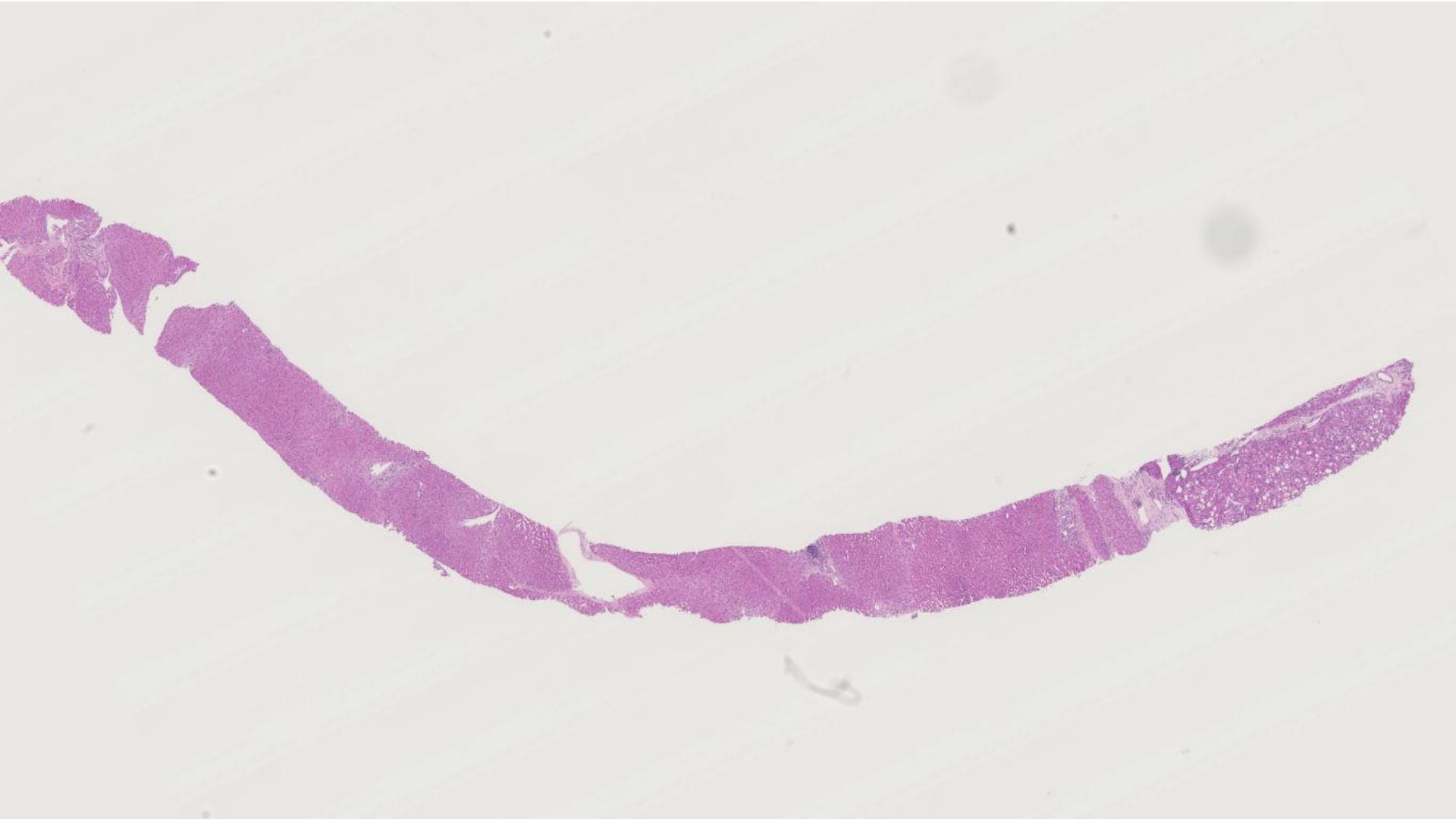
- Presented 2010
- HCV G2 with PEG/Riba in 2005-didn't tolerate
- Focal liver lesion segment 8
- Fibroscan 18
- Ablation and Liver biopsy

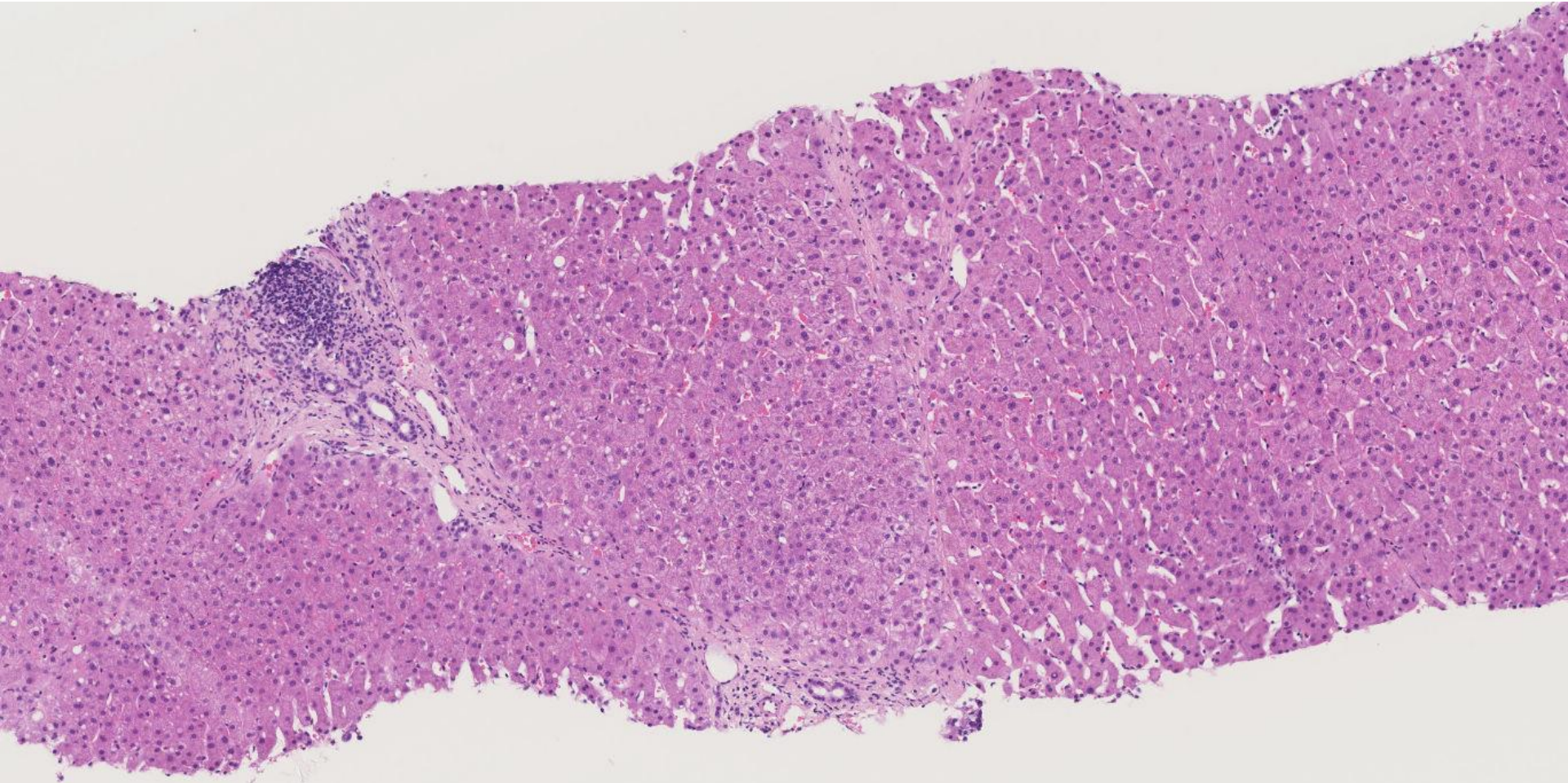
Progress

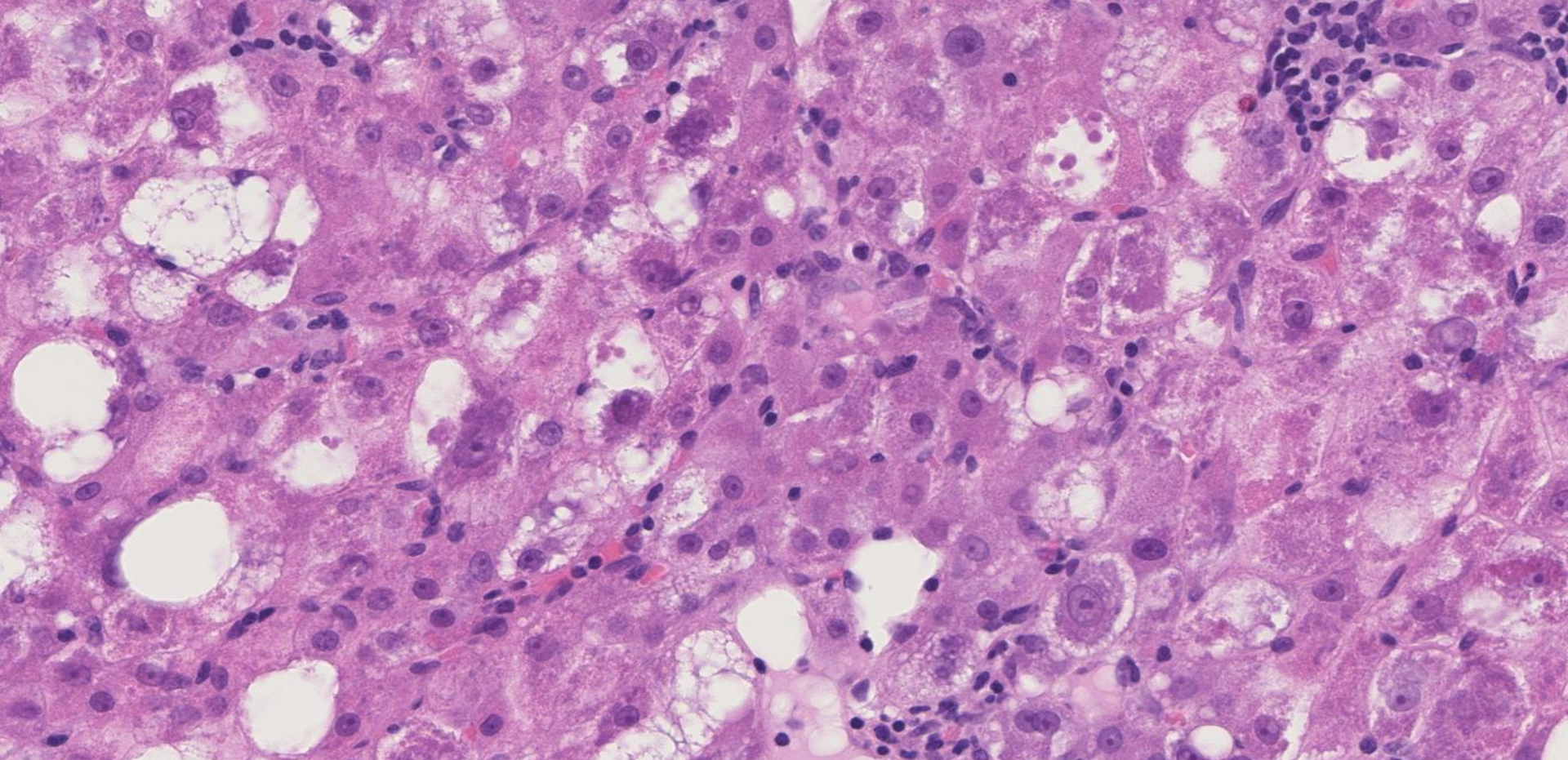
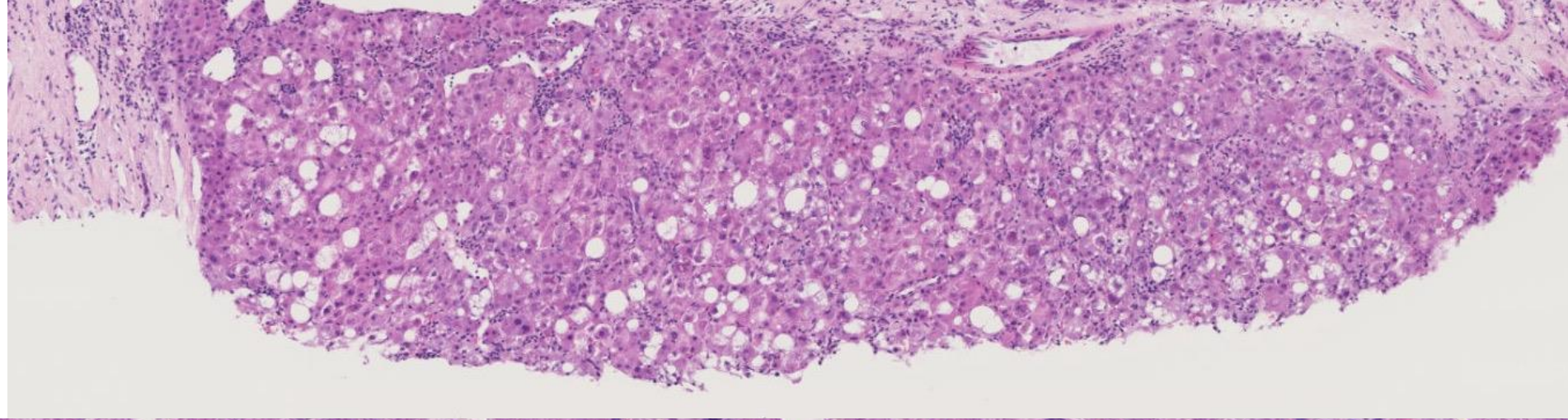
- Serial imaging with regression of focal lesions 2011-2014
- Jan 2015 further focal liver lesion S6.
- HCV untreated as yet
- Ablation and biopsy

Progress

- 2017 AFP 4779
- CT shows new lesion in segment 3 and prior 2 ablation sites
- Ablation and liver biopsy

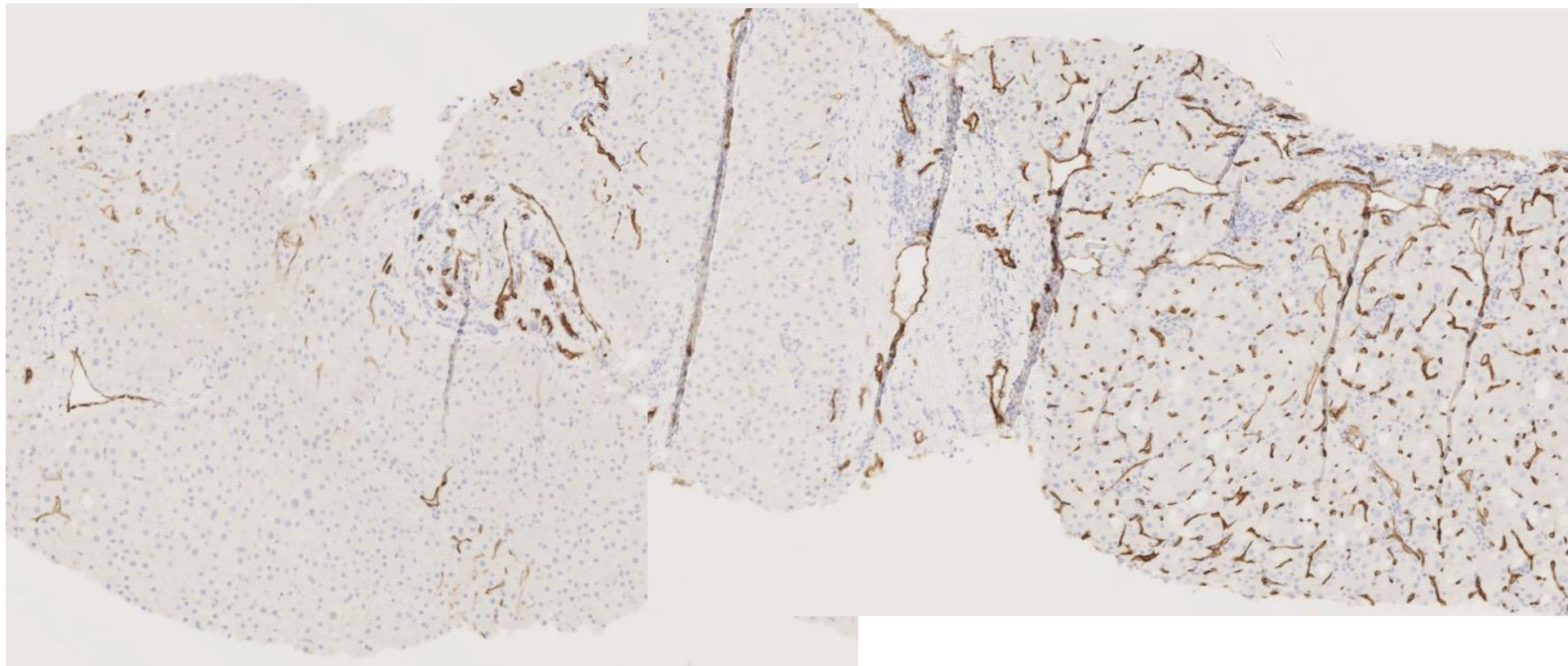




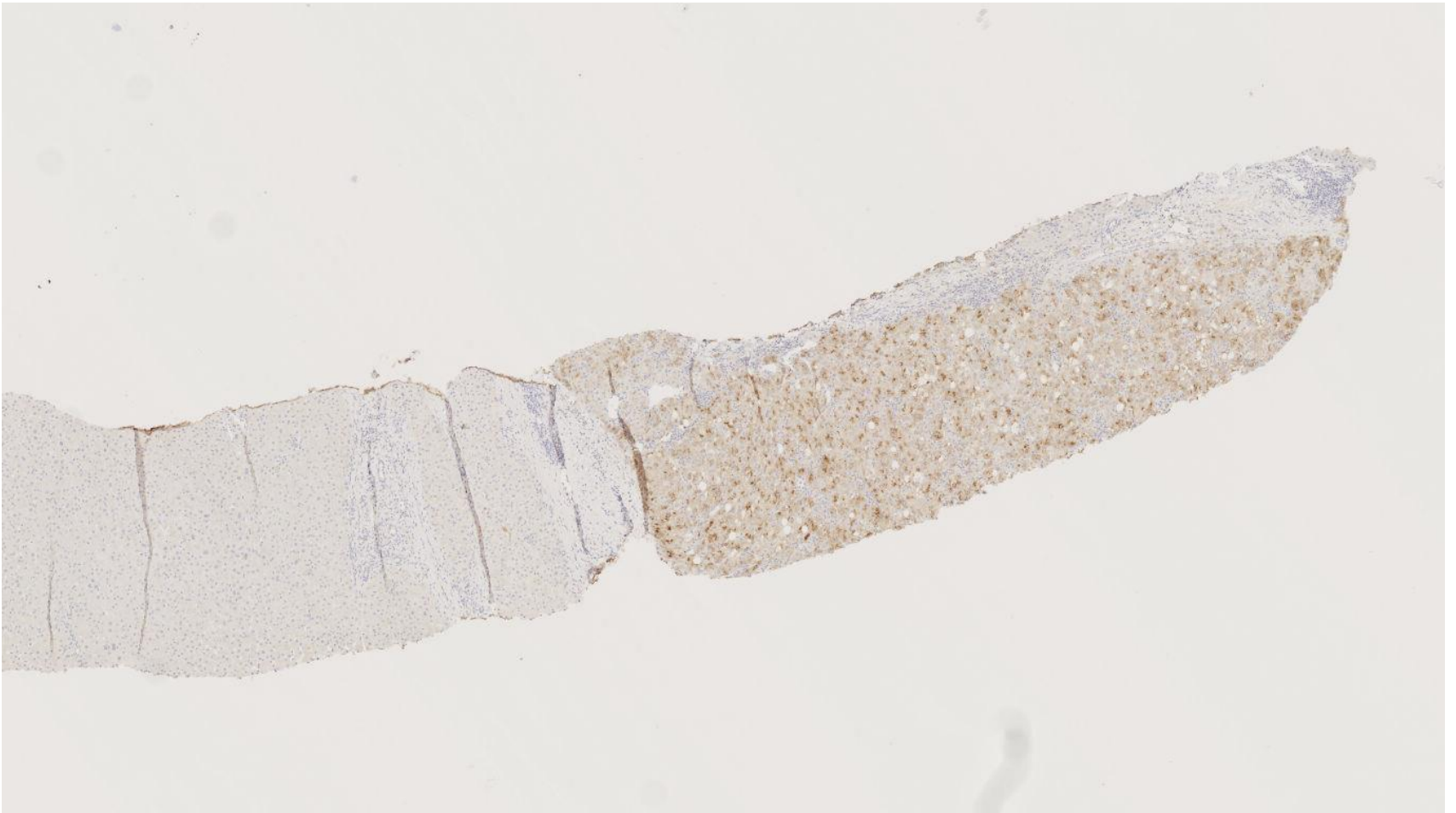




CD34



Glypican 3



Diagnosis

- Hepatitis C cirrhosis with HCC
- Markers for WD HCC vs regenerative liver
Retic, CD34 and glypican 3 (+- Ki67)

Other markers: HSP 70, Glutamine Synthetase

Progress

- AFP initially fell to 235 post ablation
- Rose progressively to 5800 by March 2018
- CT portal vein thrombus with multifocal HCC
- Died June 2018

Ms K R

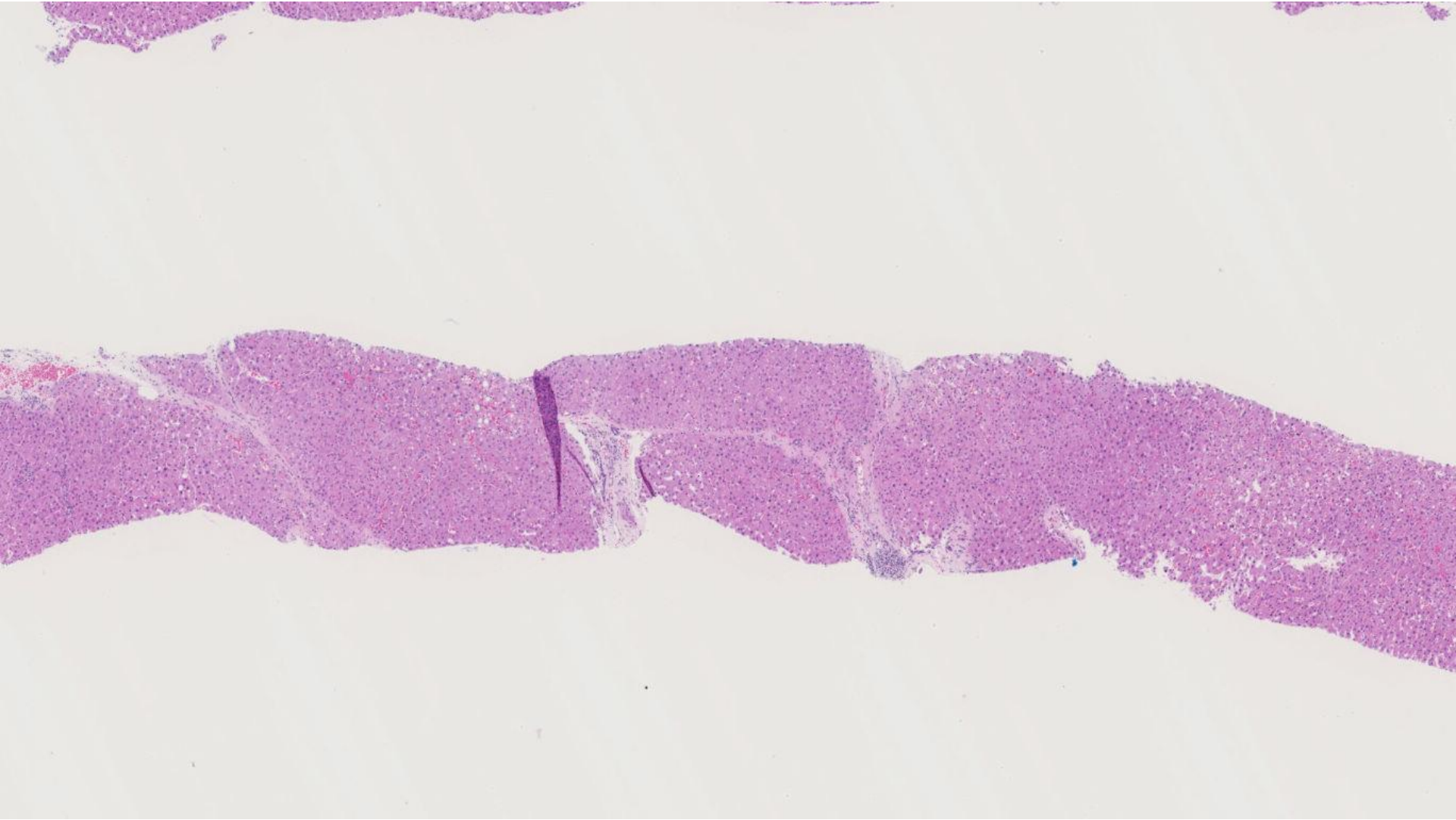
- 2005 diagnosed with HCV
- G3
- Liver biopsy, I2 fibrosis
- Treated with PEG/Riba 24 weeks
- HCV RNA negative post therapy
- Discharged

Re-presents 2018

- I would be grateful if you could see this lady who has presented with gallstone type symptoms but u/s suggests a large right lobe liver mass, her AFP is 28,254

Progress

- Liver biopsy (left lobe) May 2018
- Portal pressure 6mm Hg



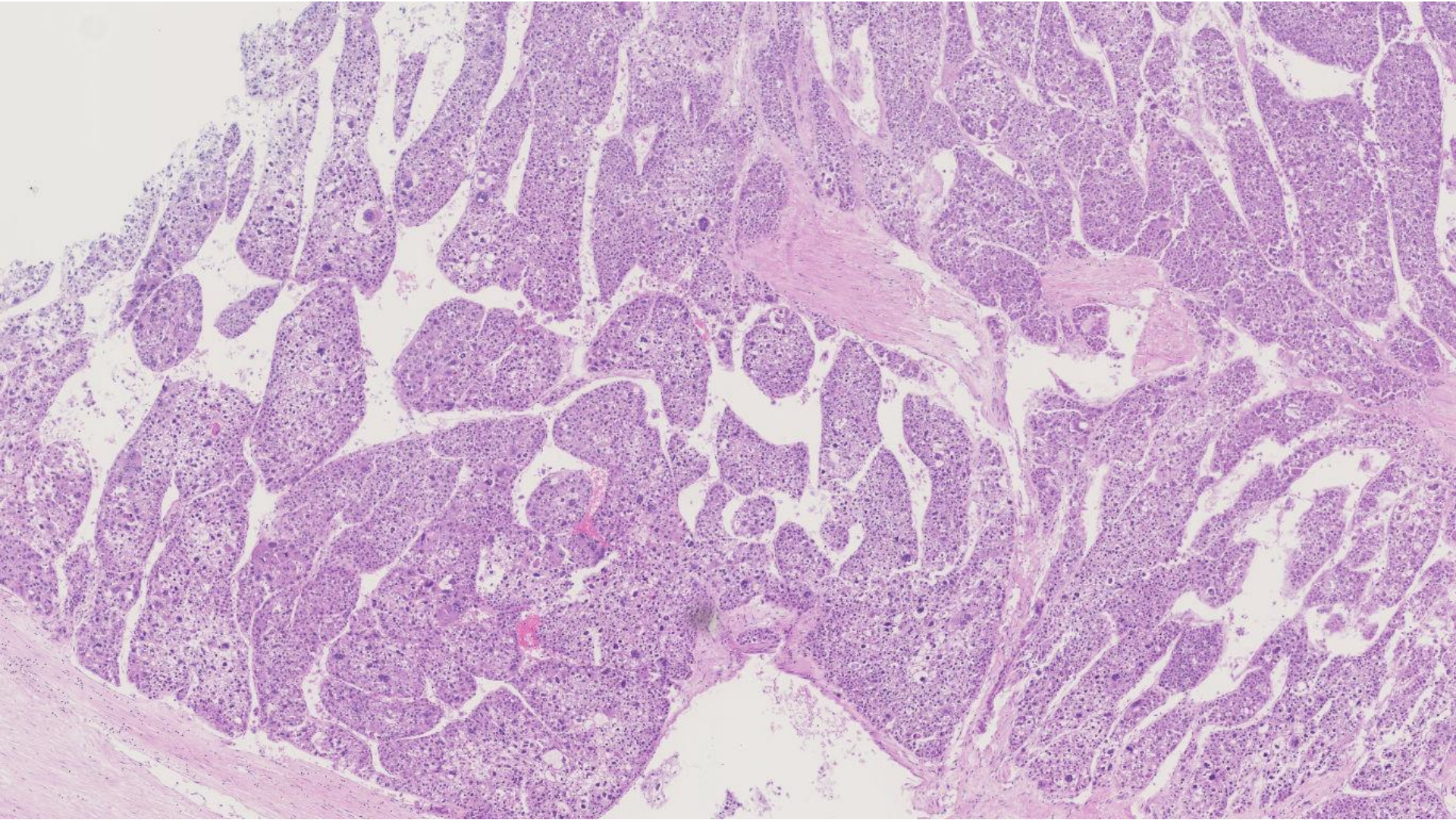


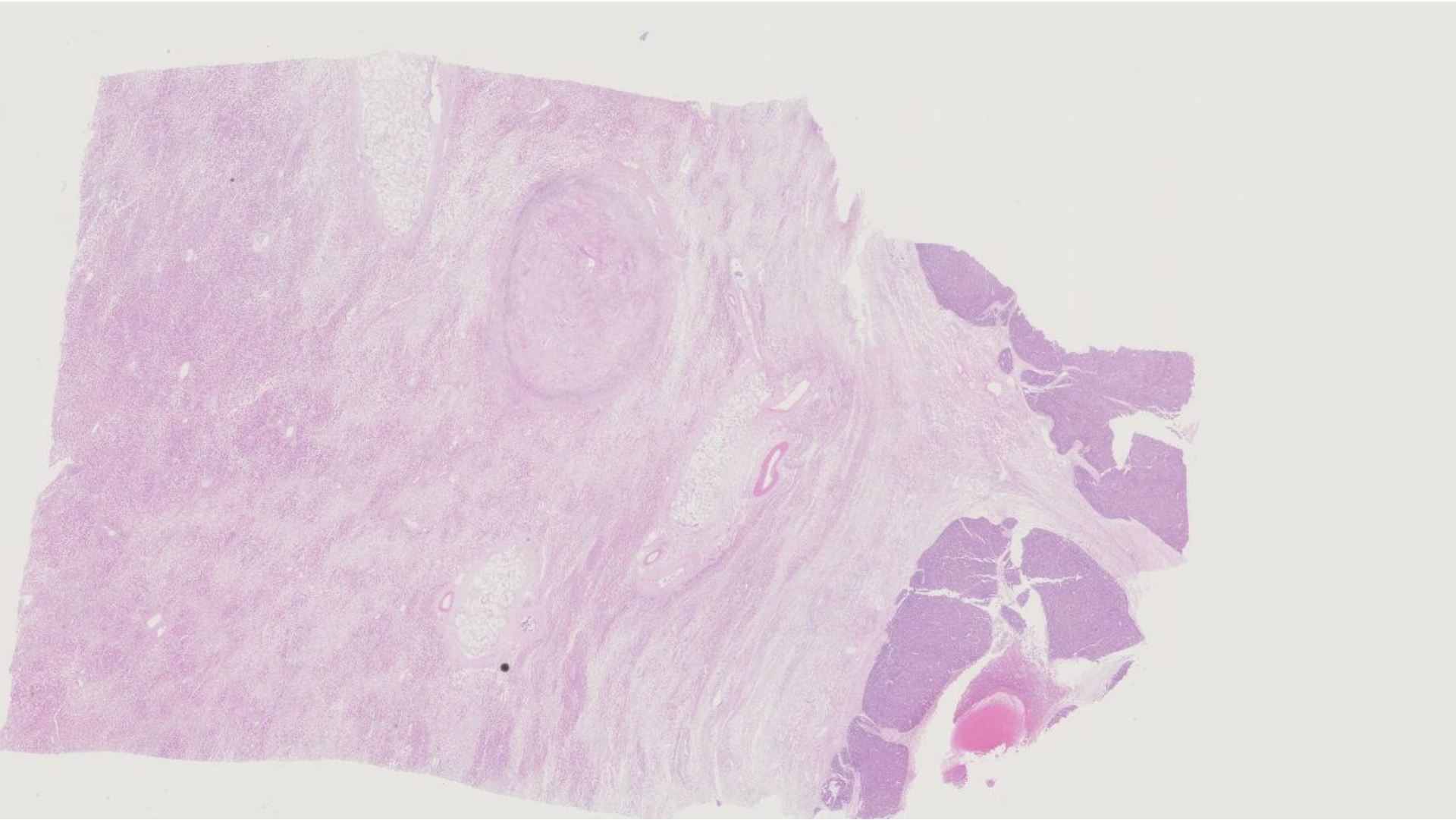
Diagnosis

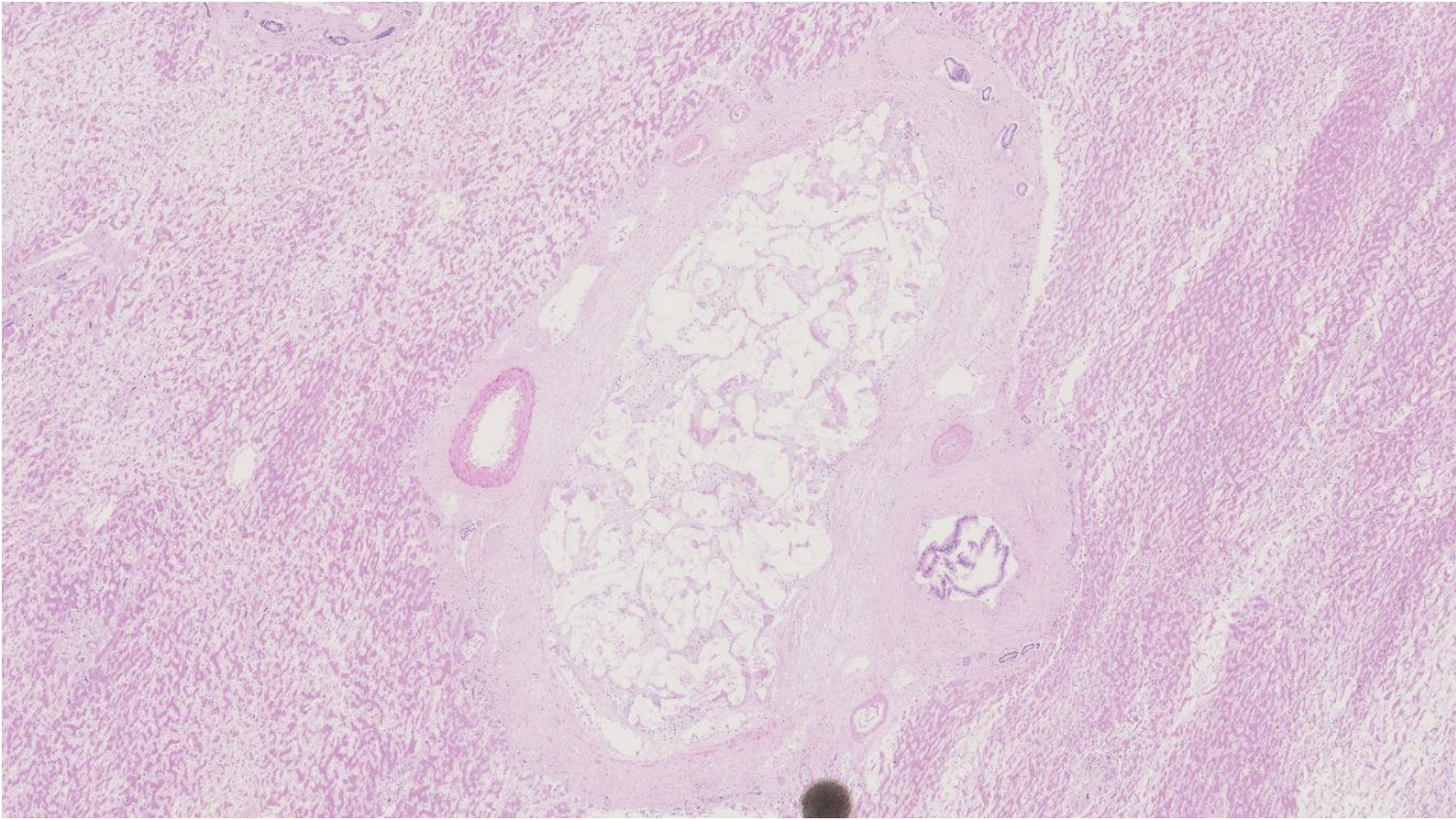
- Hep C Cirrhosis with mild activity

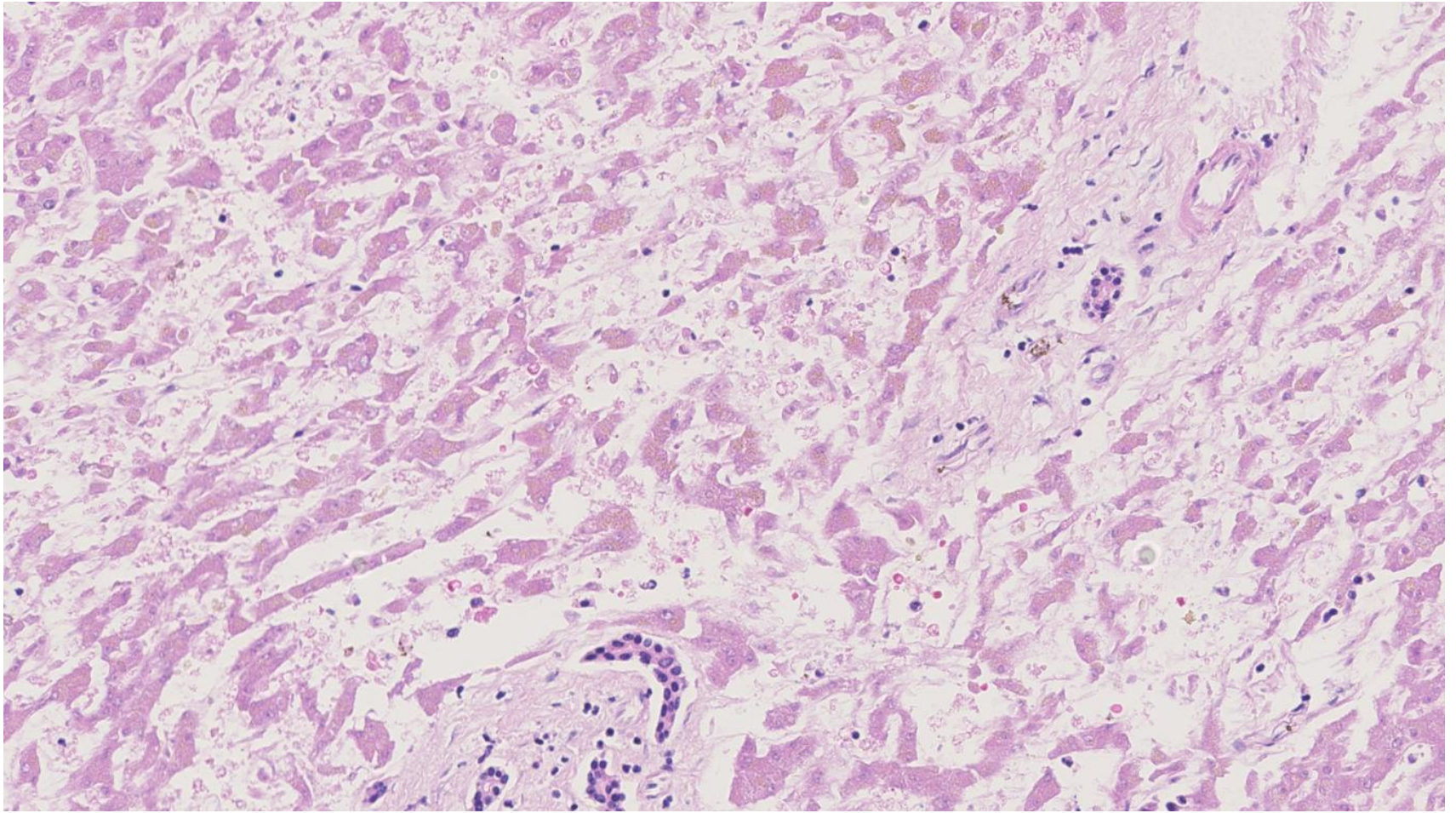
Progress

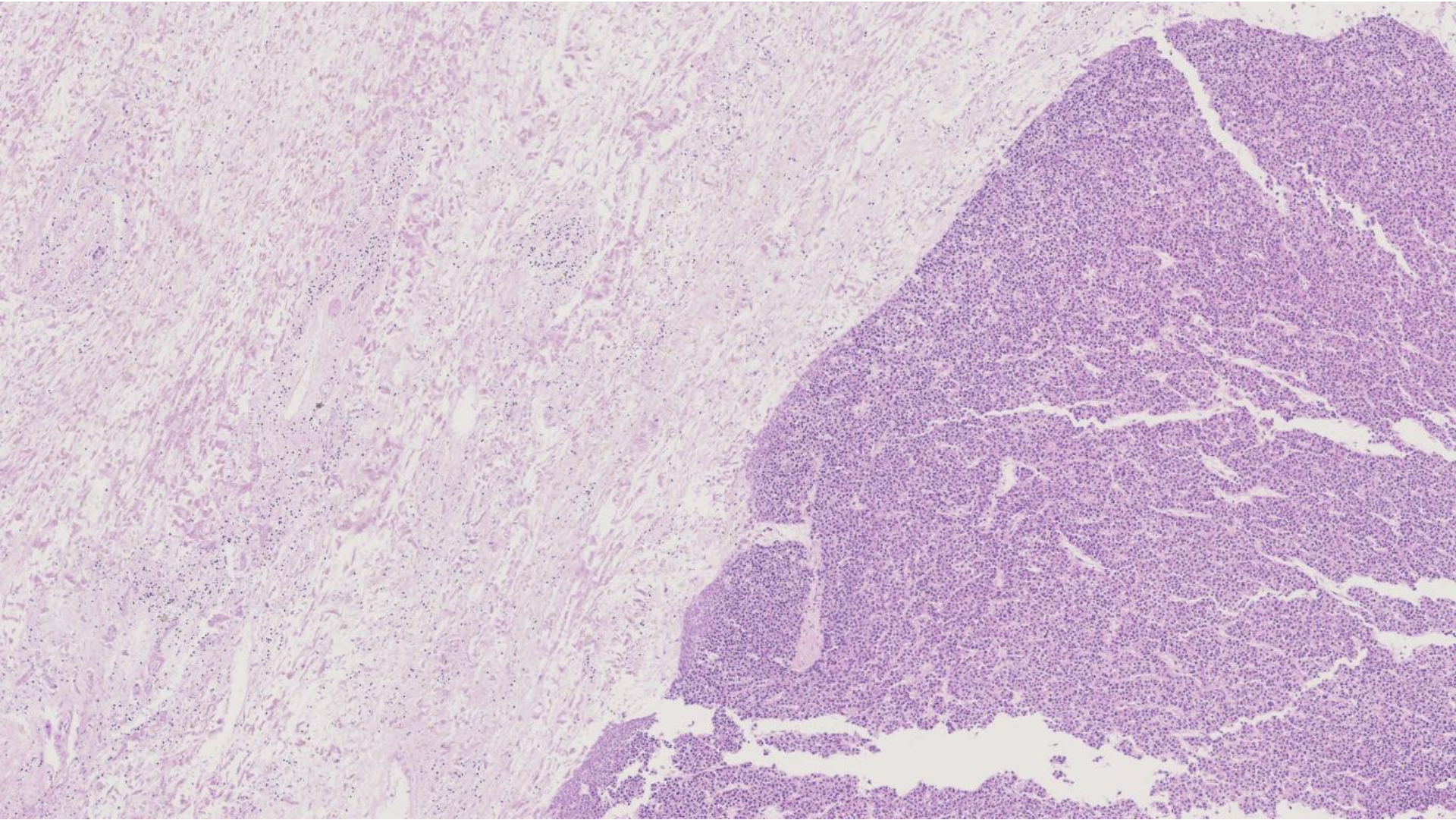
- Liver resection July 2018











Diagnosis

- HCC
- Background liver nodular but ischaemic due to portal vein embolisation