

CLINICAL MONITOR FOR CHRONIC VIRAL HEPATITIS IS MANDATORY

W-H Lee

Y-N Kou

Dr. Lee's Clinic

Department of Internal Medicine, Provincial Hsin-Chu Hospital Taiwan

BACKGROUND: There are 3.5 million cases of chronic viral hepatitis B (HBV) and C (HCV) in Taiwan. HBV carrier rate has declined due to early vaccination in the last three decades. However, sequential liver cirrhosis (LC) and hepatocellular carcinoma (HCC) still pose a problem for patients who are hepatitis carriers. Aggressive monitoring with laboratory test and sonography is necessary.

METHODS: 14,908 cases of HBV and HCV were reviewed in Hsin-Chu area. 71 HCC cases were diagnosed and confirmed by liver biopsy and/or surgical pathology. 2259 LC cases were diagnosed clinically and by sonography.

RESULTS: Definite carriers of HBV (3,104) and HCV (824) enrolled in the study were confirmed by determining HbsAg and anti-HCV antibody levels, respectively. Sixty-four cases of sequential HCC were found during follow-up. The occurrence rate of HCC was 1.63%. The LC was 2559. In the patients with HCC, 30 were hepatitis carriers (42.2%) and were noted as non-cirrhotic clinically.

DISCUSSION: Continuous monitoring of patients who are HBV and HCV carriers is mandatory. Early detection of LC and non-cirrhotic HCC may be achieved with the help of health care agencies and health insurance resources. Since early detection is necessary, laboratory tests should include AFP and sonography during regular follow-up. Due to limitations in the services provided by health insurance companies, special budget should be allotted specifically for patients who are hepatitis carriers at high risk for developing HCC (eg, high viral load, HBeAg positive, pre-S mutant carriers). **Keywords:** Chronic viral hepatitis, clinical monitor, budget