Recombinant alpha interferon for chronic hepatitis B in anti-HIV positive patients receiving zidovudine

P Marcellin, N Boyer, J-F Colin, M Martinot-Peignoux, V Lefort, S Matheron, S Erlinger, J-P Benhamou

Abstract
In this pilot study of the effects of interferon alfa in 10 anti-HIV positive, chronic hepatitis B patients treated with zidovudine (AZT), tolerance to interferon was good and similar to that in anti-HIV negative patients. After treatment, the HIV stage and CD4 lymphocyte count were unchanged. In two patients hepatitis B virus (HBV)-DNA and hepatitis B e antigen (HBeAg) disappeared and the serum alanine aminotransferase (ALT) returned to normal; loss of hepatitis B surface antigen (HBsAg) with absence of histopathological activity was observed after treatment in one of these patients. These preliminary results need to be confirmed by a larger study. (Gut 1993; supplement: S106)

Interferon alfa treatment seems to be relatively ineffective in chronic hepatitis B patients who are positive for antibodies to HIV because of their compromised immune status. Treatment with zidovudine (AZT), however, improves immune function in these patients. The aim of this pilot study was to assess the tolerance and efficacy of alpha interferon in anti-HIV positive patients with chronic hepatitis B receiving AZT.

Patients and methods
Ten anti-HIV positive men (mean age 35 years, range 25–53) with chronic hepatitis B were included in the study. All were seropositive for hepatitis B surface antigen (HBsAg), e antigen (HBeAg), and hepatitis B virus (HBV)-DNA. Chronic hepatitis B was histologically proved in nine patients, including two with cirrhosis. The source of viral infection, liver lesion, and clinical stage of HIV infection are shown in Table I. The mean known duration of chronic hepatitis was three years (range one to seven).

All 10 patients had been receiving 600 or 1000 mg of AZT (Retrovir, Wellcome) daily for two to 22 months before starting interferon treatment. Recombinant interferon alfa-2b (INTRON A, Schering-Plough) was administered subcutaneously at a dose of 3 or 5 million units (MU) three times per week for four or six months, and all patients continued on AZT at a dose of 600 or 1000 mg daily. A liver biopsy was performed at the end of treatment in nine of the 10 patients.

Results
Tolerance to interferon was good and similar to that previously observed in anti-HIV negative patients. Response to treatment is shown in Table II. After interferon treatment, clinical HIV infection stage and mean CD4 lymphocyte count were unchanged. However, serum HBV-DNA and HBeAg disappeared and serum alanine aminotransferase activities returned to normal in two patients, one of whom also lost HBsAg. No histological activity was found in a liver biopsy specimen taken after treatment in the patient with HBsAg seroconversion.

Conclusions
In anti-HIV positive, AZT treated patients with chronic hepatitis B, recombinant interferon alfa treatment was well tolerated and seemed to be effective in some cases. These preliminary results need to be confirmed by a larger study.
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