

中文題目:狼瘡性肝炎與B型肝炎病毒同時活化之急性肝炎

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**Abstract:**

A 83-year-old woman with chronic hepatitis B with cirrhosis, hypertension, and coronary artery disease, was admitted to our hospital due to acute hepatitis. The clinical presentation was general weakness and cold sweating in the morning for more than 10 days, and the initial liver function profiles revealed elevated transaminase levels (AST 834 U/L, ALT 576 U/L) and hyperbilirubinemia (total 5.3 mg/dL, direct 3.1 mg/dL). The HBV viral load was as high as 9210000 IU/ml, and oral Entecavir was given for acute flare-up of chronic hepatitis B. However, the transaminase levels remained high with several fever episodes. Later, the immunological studies revealed strong evidence of systemic lupus erythematosus with high levels of ANA (1:2560), anti-dsDNA (72 IU/mL), antiSSA (354 AU/mL), and antiSSB (486 AU/mL). After giving prednisolone and plaquenil, the liver function profiles gradually returned to the normal range. A high level of HBV viral load could reveal acute flare-up of chronic hepatitis B. If we cannot see a good response to antiviral therapy, other concomitant medical condition should always be kept in mind. Concurrent immunological treatment should be given in a patient with autoimmune disease related hepatitis.