Hepatitis B serological evaluation in diagnostic work up of lymphoma

In the article “Diagnosis, staging and prognostic factors” by H. C. Schouten [1], in the diagnostic work up of malignant lymphoma (see table 6 in this article), the author refers to hepatitis B (serologic assessment of) as recommended only in case of abnormal liver function tests.

We disagree with this assumption.

It is well known that a large part of HBs-Ag positive subjects have absolutely normal transaminase levels, irrespective of their HBe-Ag or HBV-DNA status and that this condition is not in the least protective against viral flares and hepatitis reactivation during and/or after chemotherapy or immune suppressive treatments [2]. Even among subjects positive only for anti-core antibodies (Hbc-Ab) , in the setting of an "occult infection", an unpredictable fraction is at risk of becoming viremic (HBV-DNA positive) and experiencing a hepatitis recurrence when treated [3].

It has become common practice to submit patients deemed at risk of HBV reactivation to lamivudine prophylaxis, beginning 1–2 weeks before anti-cancer therapy, and to withdraw it after 6–12 months since completion, to avoid a hepatitis flare due to immune reconstitution [2].

Given the burden of a new intervening disease, often severe and not uncommonly with a fulminant course [4], the delay in the delivery of scheduled chemotherapy and the costs of hospitalization and treatment, the availability and cost-effectiveness of successful prophylaxis, and on the other hand, the elusive value of ‘normal’ liver tests, we would strongly recommend the serologic assessment of all candidates to anticancer or immune suppressive therapy, and a course of lamivudine prophylaxis in all those reckoned as most likely to incur in a break-through reactivation of their HBV carrier status.

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references


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