

Hepatitis B virus and HIV coinfections can be interpreted in different ways

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To the Editor:

I read with interest the article by Yanagimoto et al. [1] published in your journal recently entitled: “Chronic hepatitis B in patients coinfecting with human immunodeficiency virus in Japan: a retrospective multicenter analysis”. Coinfection of HIV with hepatitis B virus (HBV) presents significant challenges to healthcare providers [2]. The prevalence rates of HIV–HBV coinfection depend on the transmission routes and are different in different parts of the world. Hepatitis C virus (HCV) infection is more common among HIV-infected patients, but the authors did not present any data regarding HCV infection in their study group.

In HIV–HBV coinfecting patients, it has been suggested that HIV interferes with the natural history of HBV infection by enhancing HBV replication and increasing HBV-DNA levels, leading to a more severe liver disease and higher rate of decompensated liver cirrhosis [2]. It could have been better to compare the HBV-DNA levels between patients coinfecting with HIV and mono-infected HBV patients. There are controversial data on the activity of inflammatory liver disease in HIV–HBV coinfecting patients [3]. From my point of view, a liver biopsy or fibroscan by transient elastography could have been much better for showing the liver activity [4]. Another point of

interest in their study is the possibility of occult HBV infection (OBI) in the study group. High rates of serological markers of HBV infection have been reported to be the predominant serological pattern associated with OBI among HIV populations, and isolated hepatitis B core antibodies (anti-HBc Ab) have also been reported in these populations [2].

Finally, I would like to mention that when treatment is necessary for both HBV and HIV infections, highly active antiretroviral therapy (HAART) is needed for HIV [5]. The main strategy would be the use of two effective agents against HBV infection and tenofovir plus lamivudine or tenofovir plus emtricitabine for decreasing the HBV-DNA viral load to undetectable status [5].

Conflict of interest The author declares no conflicts of interest relevant to the manuscript.

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