

Glucocorticoids/siltuximab/tocilizumab

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Hepatitis-B reactivation following off-label use: 2 case reports

In a single-center prospective cohort study involving 69 patients, who were admitted from 15 March 2020 to 30 April 2020, with a diagnosis of COVID-19 who had an indication for immune modulatory therapy were tested for markers of present (HBsAg) or past (anti-HBc) hepatitis-B virus infection, two men aged 64–77 years were described, who developed hepatitis-B virus reactivation during off-label treatment with methylprednisolone, prednisone and siltuximab (one man) or tocilizumab (one man) for COVID-19 [*not all dosages stated; routes, times to reactions onsets and outcomes not stated*].

Patient 1 (a 77-year-old man): The man, who had history of hepatitis-B virus (HBV) infection, was diagnosed with COVID-19, and was thus admitted to a hospital in Spain in 2020. On admission, he was found to be negative for HBsAg; however, was found to be positive for anti-HBc. He then started receiving siltuximab and methylprednisolone 250 mg/day (3 days) [*sic*], followed by prednisone 0.5 mg/kg as an off-label treatment for the suspected COVID-19 pneumonia. After discharge, he was found to be positive for hepatitis-B virus (HBV) DNA and negative for anti-HBs. The HBV viral load was below the quantification limit (<10 IU/mL). ALT levels were within normal range. He was thus diagnosed with HBV reactivation. The immunosuppressive therapy was considered to be a risk factor for the HBV reactivation.

Patient 2 (a 64-year-old man): The man, who had history of hepatitis-B virus (HBV) infection, was diagnosed with COVID-19, and was thus admitted to a hospital in Spain in 2020. On admission, he was found to be negative for HBsAg; however, was found to be positive for anti-HBc. He received single dose of tocilizumab as an off-label treatment for COVID-19. After discharge, he was found to be positive for hepatitis-B virus (HBV) DNA and negative for anti-HBs. The HBV viral load was below the quantification limit (<10 IU/mL). ALT levels were within the normal range. He was thus diagnosed with HBV reactivation. The immunosuppressive therapy was considered to be a risk factor for the HBV reactivation.

Rodriguez-Tajes S, et al. Low risk of hepatitis B reactivation in patients with severe COVID-19 who receive immunosuppressive therapy. *Journal of Viral Hepatitis* 28: 89-94, No. 1, Jan 2021. Available from: URL: <http://doi.org/10.1111/jvh.13410> 803533070