

Chronic hepatitis B patients: A relation of age and comorbidities

Sir,

I read with great interest the article by Sanai *et al.*^[1] recently published in this Journal. The authors utilized data from the Systematic Observatory Liver Disease Registry (SOLID), from the Liver Disease Research Center based in Saudi Arabia. In this observational retrospective study authors reported that chronic hepatitis B (CHB) patients in Saudi Arabia were older in 2015 compared to 2010 and 2012.^[1] The study showed that older patients had a higher chance to develop comorbidities, including cirrhosis, hepatocellular carcinoma (HCC), coronary artery disease (CAD), and exhibited a greater likelihood to have been treatment experienced or undergone treatment switch.

The authors noted that the study has many limitations due to data availability. However, in addition to the authors-listed limitations, I would like to highlight certain issues that may serve to confound the findings of the study. First, understanding the status of chronic hepatitis B virus (HBV) infection phases (inactive carrier, active, immune tolerant, and reactivation) is important for analyzing the pathogenesis of liver disease progression.^[2] Second, according to the current knowledge and largest study to date, the pathogenesis is directly proportional to the HBV DNA level.^[3] Both these factors have not been elaborated upon by the authors and are crucial in understanding disease-related outcomes. Third, comorbidities depend on many factors such as immune status, sex, age of patients and specifically in the case of CHB, the HBeAg status. Previous studies have shown that higher HBeAg levels inhibit the immunity.^[4]

Notwithstanding the above, we concur with the authors that older age and male gender are well established factors that carry higher risk of HCC. Despite the study limitations mentioned above, it would provide deeper insight towards our understanding of the associated factors for CHB-related pathogenesis, if authors had included the status of immunity, viral load, HBeAg status along with the age of the patients.

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Conflict of interest

There are no conflicts of interest.

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