

乙型肝炎

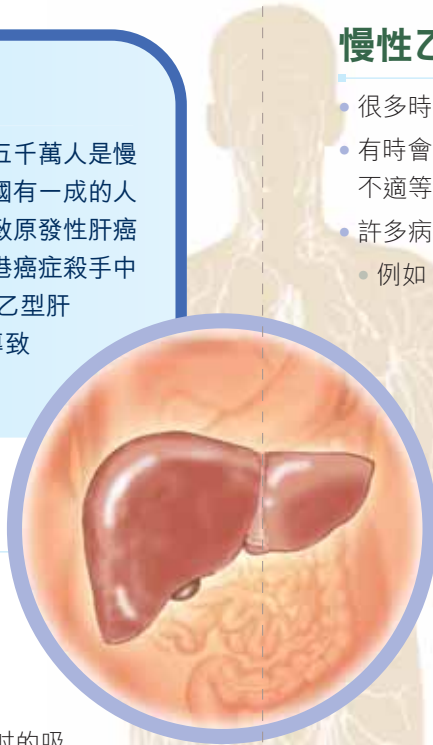
目前，全世界人口中有超過三億五千萬人是慢性乙型肝炎帶菌者，在香港及中國有一成的人口屬乙肝帶菌者；乙型肝炎是導致原發性肝癌的最重要原因，而肝癌在現時香港癌症殺手中排列第三位。再者，除肝癌外，乙型肝炎也會引起不少併發症，最終導致病人死亡。

乙型肝炎的傳播途徑

- 乙型肝炎病毒可透過血液或體液，例如精液及陰道分泌物傳播；
- 香港有九成乙型肝炎患者是經母嬰傳染；
- 其他傳染途徑包括性接觸，靜脈注射的吸毒者共用針筒等；
- 多年前，一些人士曾經因為輸血而受感染。現時本港輸的血液全經過檢查，所以被病毒感染的機會極微。

乙型肝炎的自然病史

- 在受感染後轉化為帶菌者的機會視乎受感染時的年歲：
 - 在出生時受母體感染的嬰兒有九成會成為慢性肝炎帶菌者；
 - 到成年才受感染的人有百分之十會成為慢性肝炎帶菌者；
- 一些帶菌者的免疫系統會把病毒清除；
- 有些帶菌者的肝臟則可能出現長期發炎，導致肝硬化的現象，這會引致各種包括肝衰竭在內的併發症；
- 有一些病人更會有原發性肝癌。



慢性乙型肝炎的徵狀

- 很多時候，慢性病患者都沒有任何病徵；
- 有時會出現一些不明確的病徵例如疲倦，右上腹感到不適等；
- 許多病徵會在病人發病後期才出現：
 - 例如，肝硬化的病人會因腹腔積水使腹部脹大；
 - 原發性肝癌的病人可能會當腫瘤長到一定的體積才出現病徵；例如食慾不振、體重下降、右上腹痛、眼睛及皮膚呈黃色和小便呈茶色。

乙型肝炎的診斷

血液測試

- **乙型肝炎表面抗原** — 連續六個月呈陽性即代表病人是長期帶菌者
 - **乙型肝炎e抗原** — 陽性反應代表病毒在肝臟內活躍地複製
 - **乙型肝炎病毒脫氧核糖核酸** — 用以量度血液中乙型肝炎病毒的數量
 - **肝功能測試** — 量度膽紅素、白蛋白、肝酵素包括谷丙轉氨酵素及谷草轉氨酵素等的濃度，這些測試有助了解肝臟有否發炎及反映出肝臟的部份功能。
 - **甲胎蛋白** — 如有原發性肝癌，它的濃度可能上升。
- 另外，腹部超聲波或電腦掃描，則可檢測病人有否出現肝硬化或肝癌，病人也可考慮以纖維化掃描量度肝纖維化的程度。

預防勝於治療

- 自1988年起，所有在香港出生的嬰兒都會接種乙型肝炎的疫苗；
- 無論任何年齡人士只要沒有受感染的話，就應接受疫苗注射。



慢性肝炎帶菌者的治療

- 慢性乙型肝炎帶菌者應定期接受血液檢測；
- 不是所有帶菌者都適合接受治療，如已確定肝臟有長期發炎或有肝硬化，便可考慮接受治療；
- 現時的治療方法包括：
 - 聚乙二醇干擾素（每星期注射一次，療程六至十二個月）
 - 口服抗病毒藥物（每天一次）：
 - 恩替卡韋
 - 拉米夫定
 - 阿德福韋
 - 泰諾福韋
 - 汰比夫定
- 決定治療前，須要作多方面的考慮，包括適合治療與否、藥物的副作用、療程的長短、長遠的效益、肝病的嚴重性等等，最好向專科醫生請教；
- 慢性乙型肝炎帶菌者如感染其他類型肝炎時病情會較為嚴重，所以應注射甲型肝炎疫苗。

乙型肝炎帶菌者需要長期接受觀察檢驗

- 無論病人有否接受治療都需要定期檢查及驗血，因為病人未必察覺得到病情惡化，當病徵出現時，肝病可能已不易治療。
- 長期慢性發炎或肝硬化的病人，須定期進行肝臟超音波掃描。
- 至於中度或嚴重肝硬化的病人，則需要進行內窺鏡檢查，看食道或胃部有否靜脈曲張；如有，便要有適當的治療。

UMP 宏康 Healthcare Group UMP Medical Services 聯合醫務

查詢電話

3110 2785

網址：www.ump.com.hk

乙型肝炎 HEPATITIS B



Hepatitis B

Over 350 million people in the world are chronic carriers of hepatitis B virus (HBV). In China and Hong Kong, 10% of the population are carriers of the virus. It is the most important cause of primary liver cancer, which is the third most common cause of cancer-related death in Hong Kong. In addition, many people suffer from and eventually die of complications of chronic HBV infection.

Route of Transmission

- HBV is found in blood and bodily fluid such as semen and vaginal secretion.
- 90% of chronic HBV infection in Hong Kong is due to mother-baby transmission, which occurs around the time of delivery.
- Other routes include sexual contact and sharing of needles among intravenous drug users.
- Many years ago, some people may have contracted the disease via blood transfusion. Nowadays, donated blood in Hong Kong has all been screened and the risk of contracting viral infection through transfusion is exceedingly low.

Natural History

- The chance of becoming a chronic carrier after contracting the virus depends on the age of infection.
 - Babies who contract the disease from mother during birth have a 90% chance of becoming a chronic carrier.
 - Adults who contract HBV have 10% chance of becoming a chronic carrier.
- Some chronic carriers may eventually clear the virus and suffer no undesirable sequelae.
- Others may have persistent inflammation of the liver, resulting in cirrhosis (severe scarring of liver), which in turn causes various complications including liver failure.
- Some patients develop primary liver cancer.

Symptoms

- Most of the time, patients with chronic infection have no symptom.
- Sometimes, non-specific symptoms such as tiredness and right upper abdominal discomfort may be present.
- Symptoms may eventually appear in patients with advanced disease.
 - For example, patients with cirrhosis may present with abdominal distension due to accumulation of fluid in the abdominal cavity.
 - Patients with primary liver cancer may present only after the cancer has reached a certain size and symptoms may include loss of appetite, weight loss, right upper abdominal pain, yellow discolouration of eye and skin and tea-coloured urine.

Diagnosis and Evaluation

Blood tests

- **Hepatitis B surface antigen (HBsAg)** – persistently positive results for 6 months confirm chronic carrier status.
- **Hepatitis B e antigen (HBeAg)** – positive results indicate active replication of virus in liver.
- **HBV DNA** – a measure of quantity of HBV in the blood, reflecting the degree of viral replication.

- **Liver function tests** – a panel of blood tests to measure the levels of bilirubin, albumin and liver enzymes such as alanine transaminase (ALT) and aspartate transaminase (AST). These tests help decide if there is inflammation in the liver and reflect some functions of the liver.

- **Alpha fetoprotein** – a marker of liver cancer. Level is raised in some cases of liver cancer.

In addition, ultrasound examination or Computerised Tomography scan of abdomen helps to detect presence of cirrhosis or liver cancer. Fibroscan can also be performed to check the degree of fibrosis (i.e. scarring) of the liver.

Prevention is better than treatment

- Since 1988, all babies born in Hong Kong are immunized with HBV vaccine to minimize the risk of contracting the disease from mother or other carriers.
- Those without the disease and have not been vaccinated should be immunized regardless of age.

Treatment of chronic HBV infection

- Patients with chronic HBV infection need to be monitored regularly with blood tests.
- Those with evidence of inflammation of the liver or cirrhosis may consider receiving therapy.
- Current approved treatments include:
 - Pegylated Interferon alpha (injection once a week, for 6-12 months)

- Oral anti-viral drugs:
 - Entecavir
 - Lamivudine
 - Adefovir
 - Tenofovir
 - Telbivudine

- The decision to commence treatment and the choice of therapy should be made only after detailed discussion with specialists since many issues have to be considered. These include suitability for treatment, side effects of drugs, duration of treatment, long-term costs and benefits, severity of liver disease, etc.
- Chronic carriers of HBV may get more severe illness if infected with other types of hepatitis virus. They should thus be vaccinated against hepatitis A virus.

Long-term monitoring

- Whether the patient is on treatment or not, regular check-up by doctor and blood tests should be performed.
- Patients with inflammation or cirrhosis should have regular ultrasound scan of liver for early detection of liver cancer.
- In patients with moderate or severe cirrhosis, endoscopy should be performed to detect abnormally dilated blood vessels in the oesophagus or stomach which require proper treatment if present.



UMP Medical Services
聯合醫務

For enquiry, please call

3110 2785

website: www.ump.com.hk