



Frequency of renal tubular dysfunction in patients with chronic hepatitis B on anti viral treatment

A.Zanib,S.Firdaus,C.Patterson,A.SalviaMilos

Department of Infectious Diseases, UniversityHospitalLimerick

Introduction:

TDF remains a main stay treatment for many patients with CHB. The study of TDF-associated nephrotoxicity is therefore of rising importance. This results in proximal RTD leading to proteinuria, hypophosphatemia, raised GFR and low vitamin D levels.

Objectives:

was to determine the frequency of TDF associated RTD in CHB patients.

Methods:

Data was collected retrospectively from clinic of CHB patients at UHL. Information regarding age, gender, HBV viral load, antiviral therapy, phosphate/creatinine/vitamin D levels, urine dipstick, and UPCR were obtained. RTD was labelled as the presence of all four of proteinuria, hypophosphatemia, raised GFR and low vitamin D.

Results:

- Total number of patients – 69
- Mean age : 42 years
- HbsAg + in 100%. HbeAg + 11.6%
- VL detectable in 71%
- Average T/M duration 4 years with TDF

Conclusion:

TDF is a potent antiviral agent available for the management of CHB. However, its potential effects on renal insufficiency are still questionable. True RTD was only seen in 5% of CHB patients in our study on TDF.

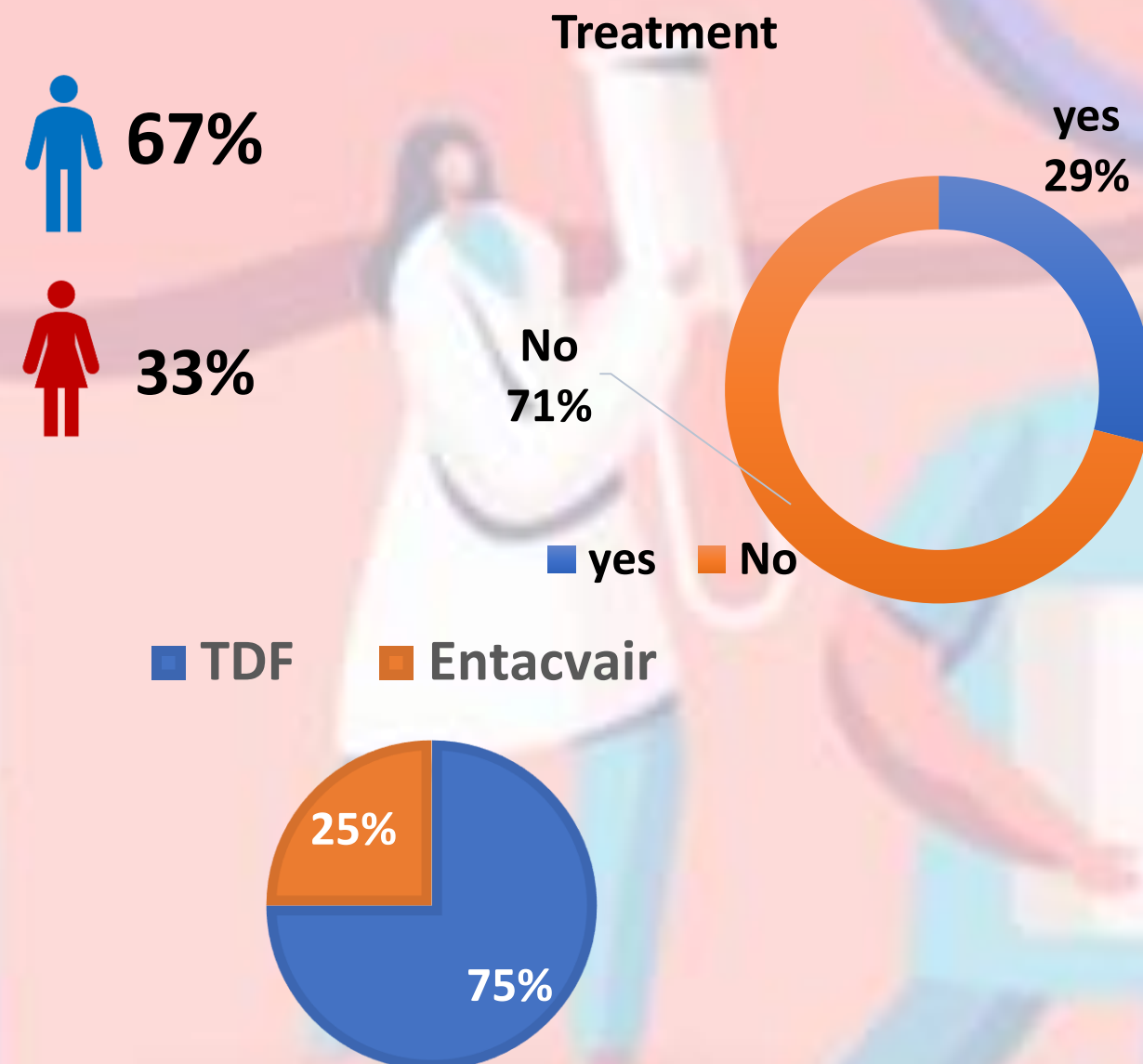
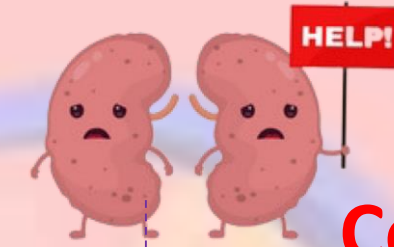
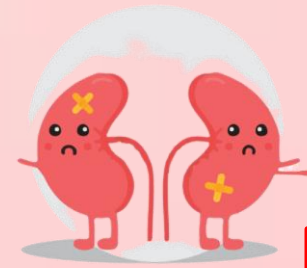
These cases were referred to the nephrology service for assessment of the cause of proteinuria and to guide the decision regarding alternative treatment. This study highlights the need for further investigation regarding the effect of TDF on renal function.

Keywords:

TDF; Tenofovir Disoproxil Fumarate. CHB; chronic hepatitis B. RTD; renal tubular dysfunction.

References:

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- In TDF population true RTD by all four criteria i.e proteinuria/ decreased GFR/ hypophosphatemia and low Vit D levels was seen in 5%.