
English Summary

THE TITRE OF r-PHSA AND HBeAg IN HEALTHY CARRIERS AND IN PATIENTS WITH CHRONIC LIVER DISEASES

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Sera of 30 'healthy' carriers and 45 patients with chronic liver diseases were examined to detect the presence and effect of HBeAg and anti-HBe on r-PHSA titre. Patients with chronic liver diseases were further categorized into three different groups: chronic hepatitis (23 people), cirrhosis (14 people) and carcinoma (8 people).

The average r-PHSA titre in the 'healthy' carriers with a positive HBsAg was 5.86a while in those carriers with a positive HBeAg, the titre was only 0.85a. The difference between those two averages was significant ($p < 0,01$). As the r-PHSA titre determination has a high sensitivity and specificity, it follows that determination of r-PHSA titre can replace the more expensive and complicated HBeAg test.

The average r-PHSA titre in patients in the group of chronic liver diseases with a positive HBeAg was also found to be higher than in those in the same

group with a positive anti HBe. However, the difference was not significant ($p > 0,05$).

If the titre of r-PHSA with a dilution factor of 2^{4.5} is used as criteria, then the determination of r-PHSA titre, instead of the HBeAg test is applicable for 'healthy' carriers, but not in those with chronic liver diseases.

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on relatives of Hepatitis B patients was carried out during 1987-1989. Ninety-five cases with positive HBsAg were detected, consisting of 37 females and 58 males. At the time of diagnosis, the youngest was 28-year-old while the eldest was 67 years, with a mean of 42,3 years. HBeAg was also determined, resulting in 65 negative and 30 positive cases.

Transmission of infection to their children was 37,6% by women with positive HBsAg and negative HBeAg, while men with the same conditions infected 35,7% of their children. The transmission rate of HVB increased to 59% and 47,5% for female and male patients respectively, if the HBeAg was also positive. The rate was further increased to 86,6% if both parents showed a positive HBsAg test, although the HBeAg was negative. An additional positive HBeAg of one of the parents resulted in a HBV transmission rate of 100%.

It was concluded that transmission of HVB among close relatives can occur vertically as well as horizontally, either maternal or paternal. Therefore, close relatives with negative serological markers should be immunized; the earlier the better, to achieve maximal efficacy.

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HEPATITIS B AMONG FAMILIES

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A three-year prospective study