

### Rituximab

#### Reactivation of hepatitis B virus in an elderly patient: case report

Rituximab-containing therapy for Non-Hodgkin's lymphoma resulted in hepatitis B virus (HBV) reactivation with severe hepatitis in a 68-year-old woman.

Before antineoplastic therapy, the woman's HBV-DNA was positive (5.7 LGE/mL) and she tested positive for HBs, HBe and HBe antibodies. Her lymphoma was treated with a regimen including cyclophosphamide, vincristine and doxorubicin. Rituximab 375 mg/m<sup>2</sup> was given for 1 day with this regimen for the first, second and fourth courses. After the third course of treatment, complete remission of her lymphoma was achieved. Two days after receiving the fourth course of treatment, her AST and ALT levels were slightly elevated. She was treated with glycyrrhizin and her AST and ALT levels were normal 11 days later. However, 3 days later, these levels increased again and her liver function did not improve after treatment with ursodeoxycholic acid, glutathione and glycyrrhizin. At this time, her HBV-DNA had increased to > 8.3 LGE/mL and her titres of HBs and HBe antibodies had suddenly markedly decreased.

Lamivudine was started 32 days after the fourth course of treatment. However, severe liver failure occurred 43 days after the fourth course of treatment, so plasma exchange was performed five times. The woman's level of consciousness gradually improved and her HBV-DNA decreased to below 3.7 LGE/mL 16 days after starting lamivudine.

**Author comment:** *Prophylactic administration of lamivudine "is necessary for rituximab therapy in HBV-DNA positive patients."*

Tsutsumi Y, et al. Hepatitis B virus reactivation in a case of Non-Hodgkin's lymphoma treated with chemotherapy and rituximab: necessity of prophylaxis for hepatitis B virus reactivation in rituximab therapy. *Leukemia and Lymphoma* 45: 627-629, No. 3, Mar 2004 - Japan 807216090