

## 라미부딘 내성을 포함한 B형 간염을 동반한 막성 신증의 치료

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### Experience of Anti-viral Therapy In Hepatitis B-associated Membranous Nephropathy Including Lamivudine Resistant Strains

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**Background:** Chronic hepatitis B infection is a common cause of secondary membranous nephropathy in endemic areas. Lamivudine treatment improves renal outcome in patients with hepatitis B virus-associated membranous nephropathy (HBV-MN), but prolonged use leads to the emergence of lamivudine-resistant variants. We describe our experiences treating lamivudine-resistant and other strains of HBV-MN with new antiviral drugs.

**Method:** Of 89 patients biopsied and diagnosed with MN from 1996 to 2011, 10 patients with HBsAg were recruited for this study. We investigated the clinical courses, therapeutic responses, and prognoses of patients with HBV-MN.

**Results:** The incidence of HBV-MN among the original 89 patients was 11.2%. Of these patients, four were treated with supportive care and six with antiviral drugs. One of the four patients treated with supportive care had a spontaneous remission. Four of the six patients treated with antiviral drugs were given lamivudine, and the other two were given entecavir. Two of the four patients treated with lamivudine achieved complete remission with seroconversion to anti-HBeAg, whereas the other two had lamivudine-resistant strains, which were detected at 22 and 23 months after lamivudine treatment, respectively. We added adefovir to the treatment regimen for one, of these patients, and for the other patient we substituted clevudine for lamivudine. Both of these patients experienced complete remission, as did the two patients initially treated with entecavir, neither of whom showed resistance to the drug.

**Conclusion:** New nucleoside analogues such as entecavir, adefovir or clevudine could be effective in treating HBV-MN including lamivudine-resistant strains.

**Key Words:** 막성 신증, B형 간염, 항바이러스 치료

Membranous nephropathy, Hepatitis B, Anti-viral therapy