## Immunosuppressive Therapy or Chemotherapy-Induced Hepatitis B Virus Reactivation

Tetsuro Sohda<sup>1</sup>), Sinya Nishizawa<sup>1</sup>), Daisuke Morihara<sup>1</sup>), Keiji Yokoyama<sup>1</sup>), Kunitoshi Sakurai<sup>1</sup>), Shuichi Ueda<sup>1</sup>), Masaharu Sakamoto<sup>1</sup>), Akira Anan<sup>1</sup>), Yasuaki Takeyama<sup>1</sup>), Makoto Irie<sup>1</sup>), Kaoru Iwata<sup>1</sup>), Satoshi Shakado<sup>1</sup>), Hidenori Sasaki<sup>2</sup>), Yasushi Takamatsu<sup>2</sup>) and Shotaro Sakisaka<sup>1</sup>)

Abstract: Immunosuppressive therapy or chemotherapy-induced hepatitis B virus (HBV) reactivation sometimes causes severe hepatitis. Physicians who perform these therapies must therefore be aware of the characteristics of HBV reactivation. HBV reactivation also occurs in patients with negative serum markers for hepatitis B surface antigen (HBsAg). Therefore, hepatitis B core antibody in addition to HBsAg must be tested in all patients who are indicated to receive the above therapies. When any markers for HBV are positive, then the physician should consult with a liver disease specialist and consider alternative treatment with nucleoside analogues.

Key words: Immunosuppressive therapy, Chemotherapy, Hepatitis B virus reactivation, Nucleoside analogues

<sup>1)</sup> Department of Gastroenterology and Medicine, Faculty of Medicine, Fukuoka University

<sup>&</sup>lt;sup>2)</sup>Department of Oncology, Hematology and Infectious disease, Faculty of Medicine, Fukuoka University