

TUNISIE

HAMMAMET

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au 21 | 2021

4^e édition

AFRAMED 2021

VIH, Hépatites, Santé sexuelle
Infections émergentes



www.aframed2021.org



Cas clinique : ARV, antiviraux hépatiques et insuffisance rénale

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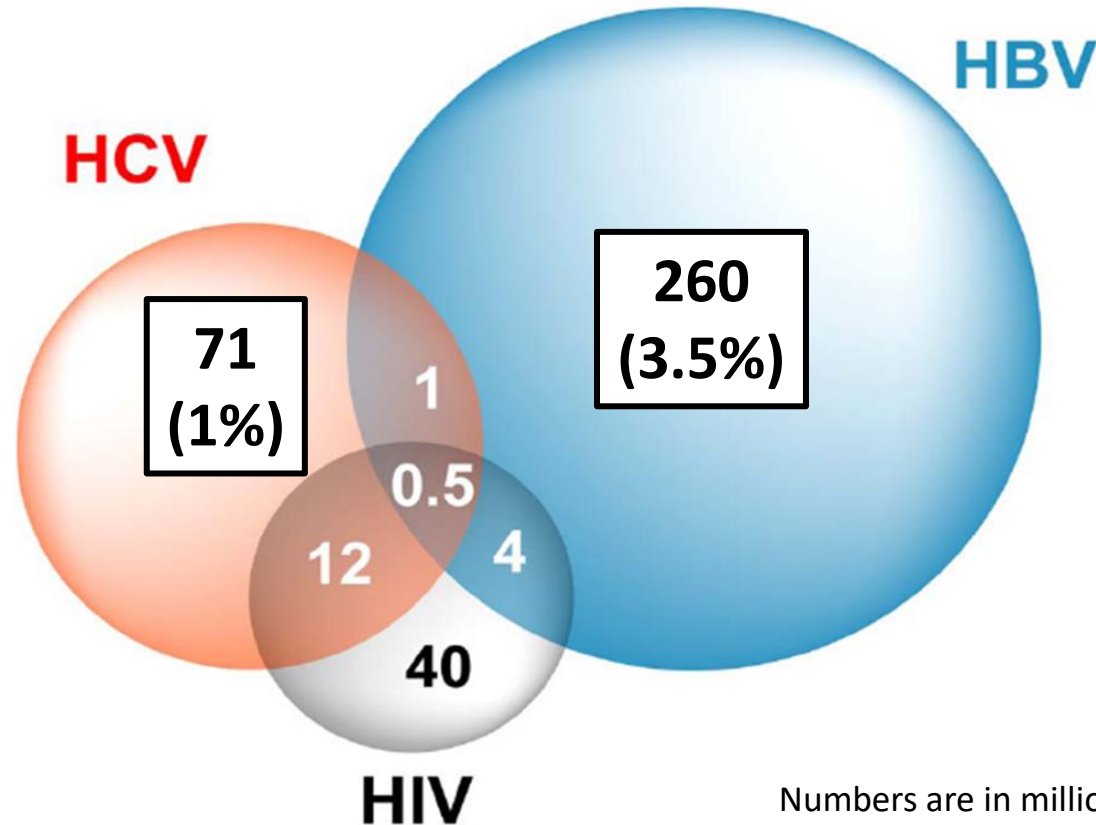
Hammamet, 21.11.21



Contexte: Prévalence VHB élevée en Afrique



6.1%



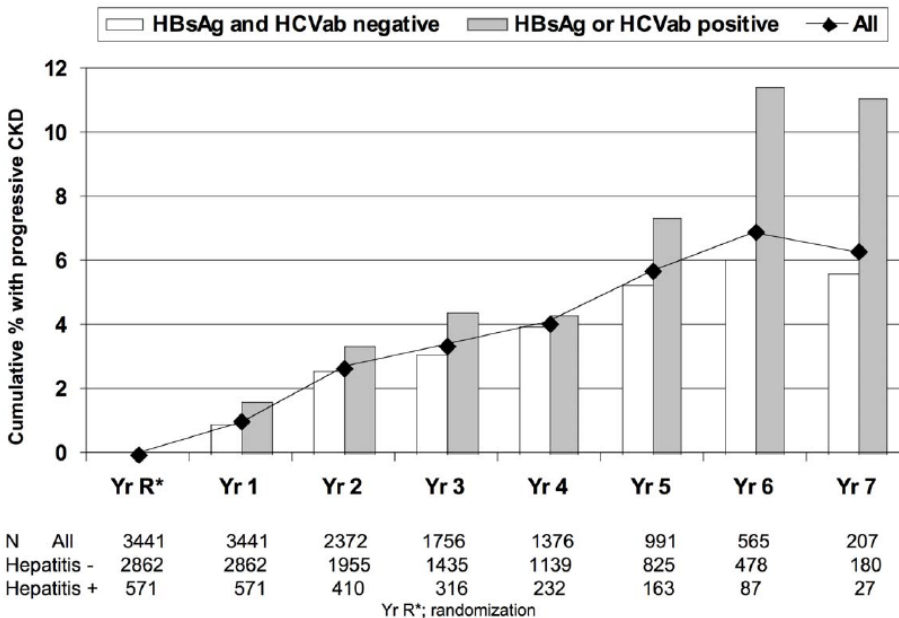
Numbers are in millions of individuals



Contexte: Coinfection VIH/VHB et fonction rénale

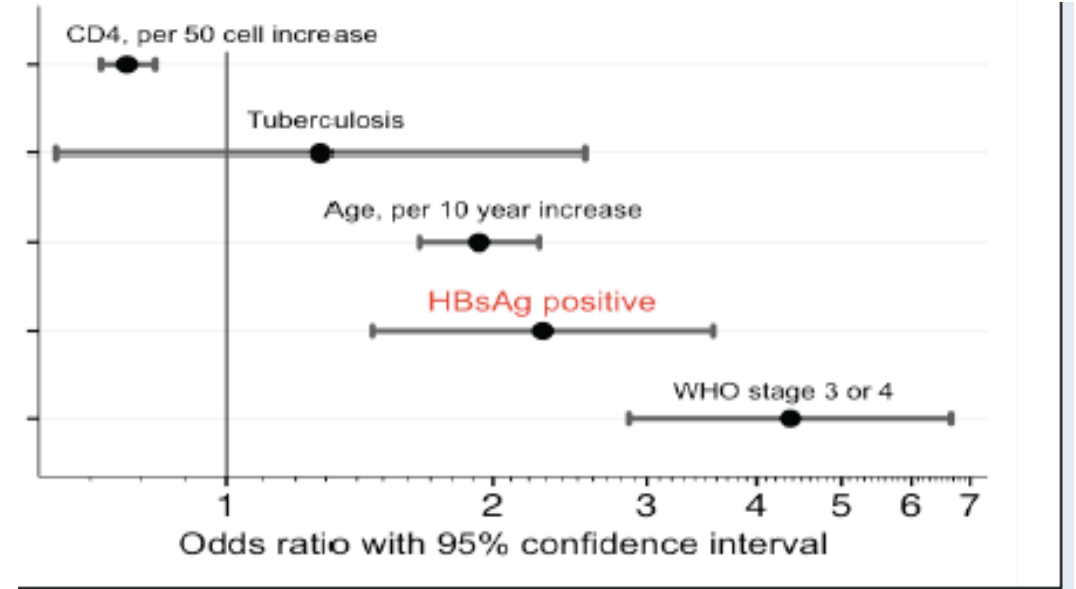
SMART and ESPRIT (n=3,441, 114 HIV/HBV)

**HBV and progressive CKD:
aOR 2.26 (95% CI 1.15-4.44)**



HIV cohort in Zambia (n=6,789, 799 HIV/HBV)

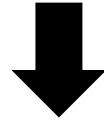
**HBV and renal dysfunction:
aOR 1.96 (95% CI 1.34–2.86)**



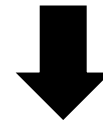


Cas clinique: patient de 45 ans avec coinfection VIH/VHB à Dakar

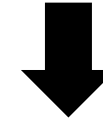
FTC/TDF/EFV



3TC/TDF/LPV/r



SEN-B



	2014	2017	2018	2019	2020
CD4	13	17	-	130	132
HIV RNA	17,000	-	14500	<20	<20
Creat	13,7	14.6	-	16	15,9
CDK-EPI	74,2	67,3	-	59,4	59,4



SEN-B: Cure fonctionnelle de l'hépatite B au Sénégal



SWITZERLAND

 HBV cohort [MonoB] ongoing

 HIV/HBV cohort [SHCS] n=500

SENEGAL

 HBV cohort [SEN-B] n=500

 HIV/HBV cohort [SEN-B] n=300

ZAMBIA

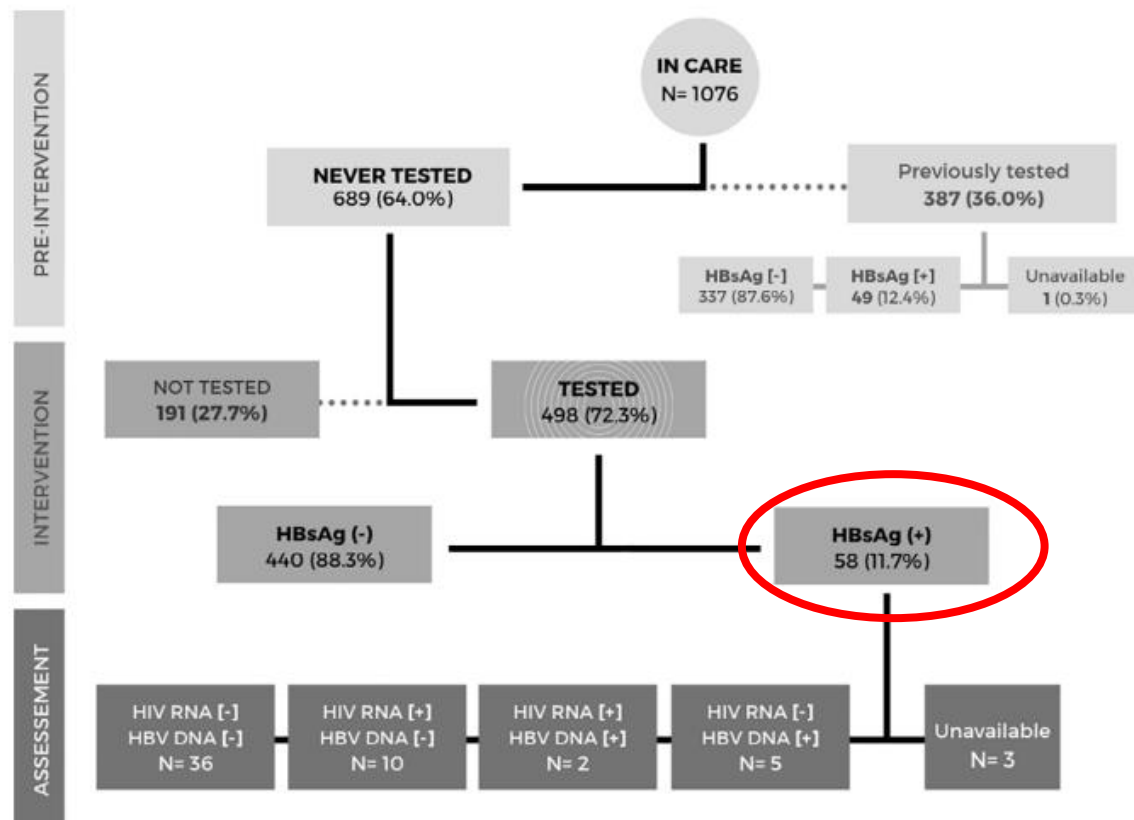
 HBV cohort [Hutch] n=200

 HIV/HBV cohort [IeDEA] n=300





SEN-B: 51% des VIH/VHB avec Cl. creat <90 ml/min





Cas clinique: Suivi de la fonction rénale dans SEN-B

	M0	M3	M6	M12
ALAT [UI]	41	-	7	18
Creat [g/dL]	12.8	14.3	15.9	23.3
CDK-EPI [ml/min]	74	65	59	37
Urine dipstick	Normal	-	Prot +	Prot +
Echographie	Normale	Normale	Normale	Perte des gradients hépato-splénorénal
TE [kPa]	6.6	-	7.3	5.5
HBV DNA [UI/mL]	364	-	<20	<20
HIV RNA [cop/mL]	<20	-	<20	<20
CD4 [cel/uL]	132	-	-	-



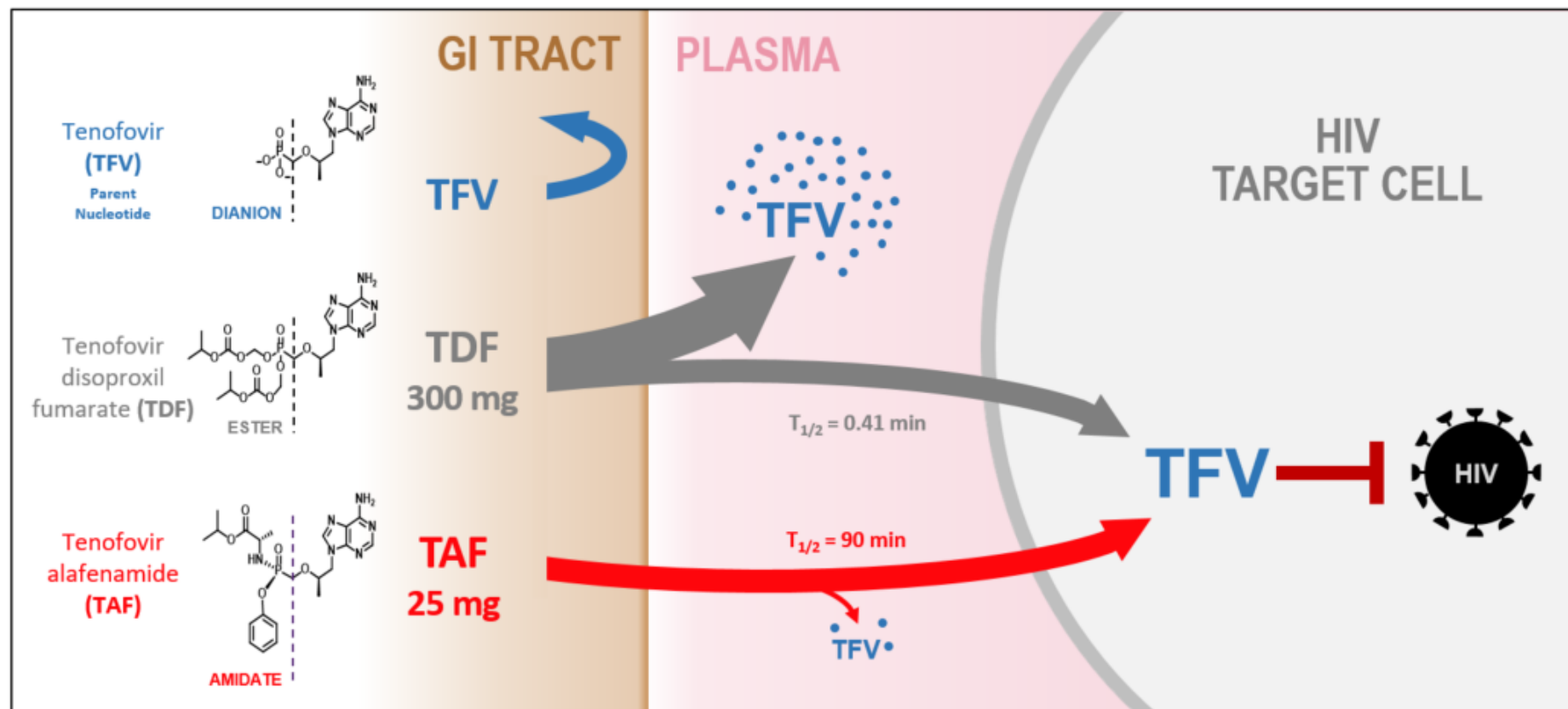
Cas clinique: Discussion

Que faire?

1. Confirmer la dysfonction rénale (bilan sanguin et urinaire)
2. Exclure autre cause: déshydratation, comorbidités, co-médication (IP!)
3. Si toxicité TDF établie, stratégie thérapeutique?



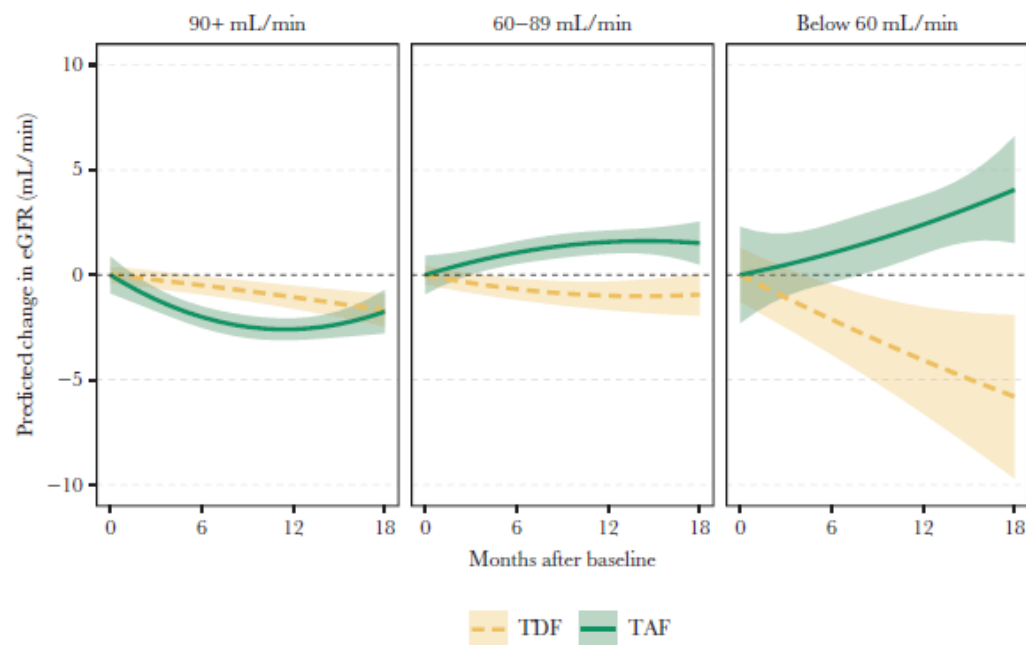
Option thérapeutique: TAF





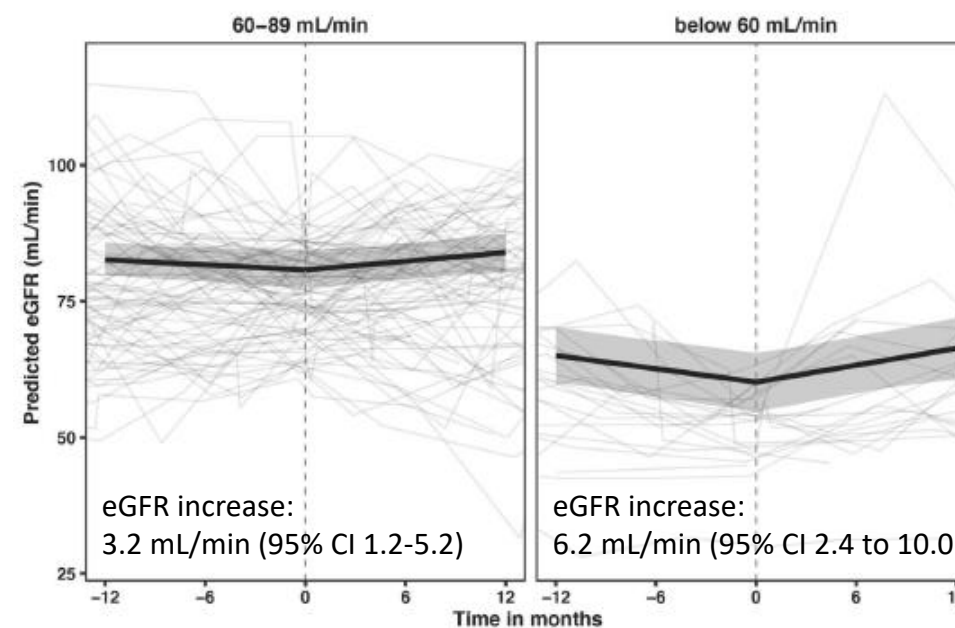
TAF permet la stabilisation de la fonction rénale

**Swiss HIV cohort study
n=3,520 HIV-infected**



**Swiss HIV cohort study
n=106 HIV/HBV-coinfected**

Changes in eGFR after switching from TDF to TAF

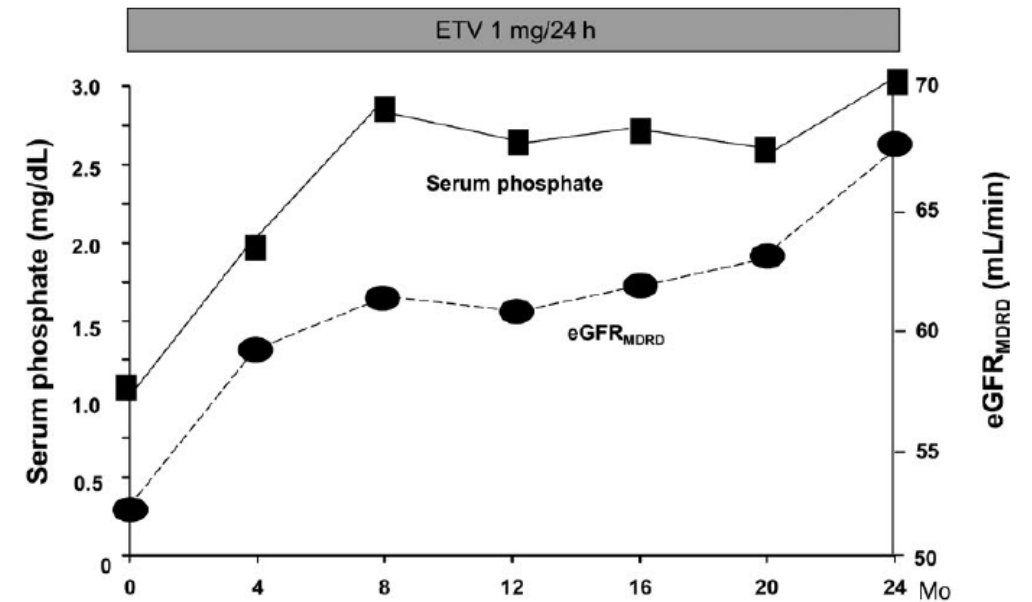
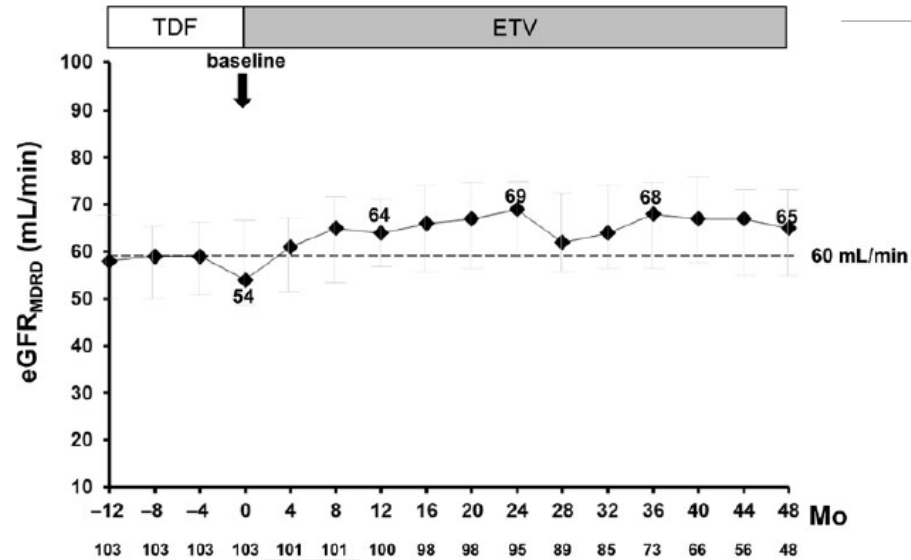




Option thérapeutique: Entecavir

Italie

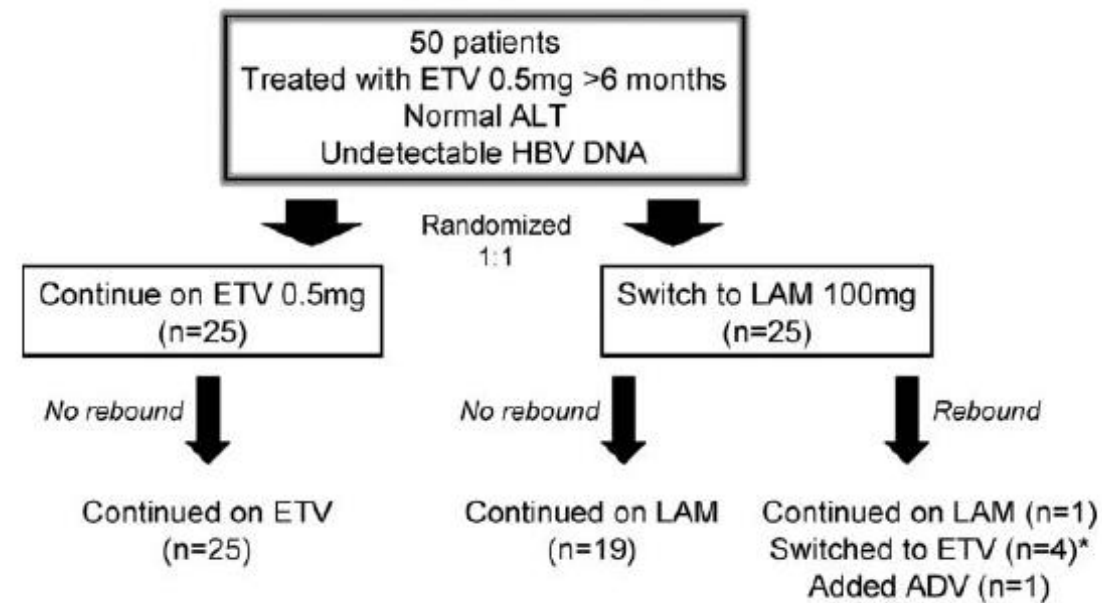
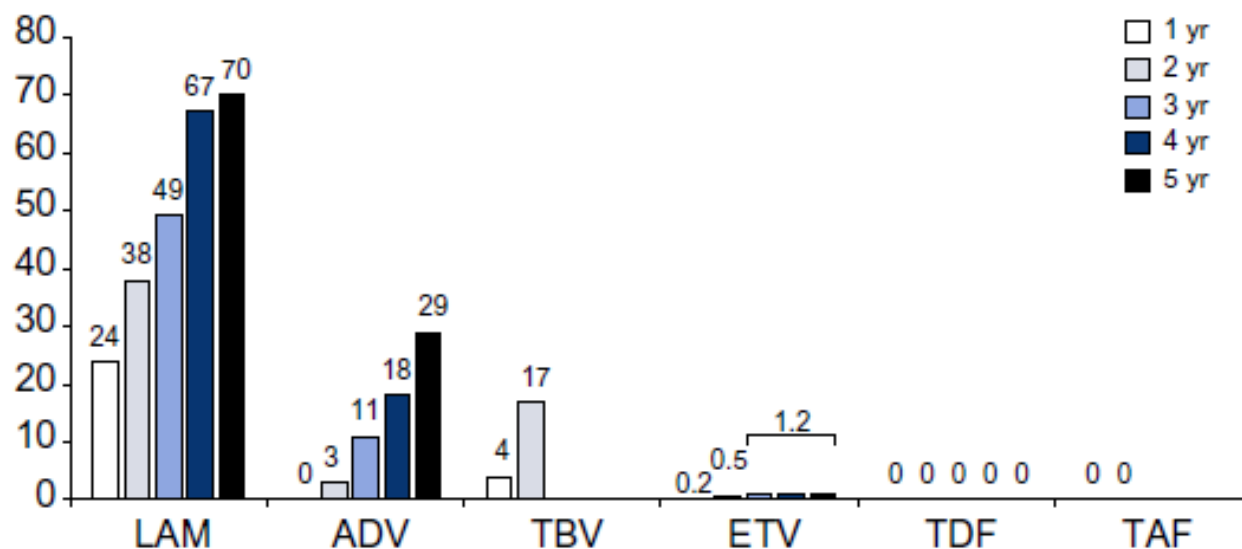
n=103 HBV-infected with
renal dysfunction on TDF



Proteinuria (mg/dL)	100	70	30	10	10	10	neg
Glycosuria (mg/dL)	500	200	200	30	neg	neg	neg



Option thérapeutique: Lamivudine





Cas clinique: Discussion

1. Confirmer la dysfonction rénale (bilan sanguin et urinaire)
2. Exclure autre cause: déshydratation, comorbidités, co-médication(IP!)
3. Si toxicité TDF établie, stratégie thérapeutique?

TAF: peu/pas disponible en Afrique

LAM: efficacité sous-optimale chez HBV-monoinfectés

Entecavir: peu disponible, pill count

TDF tous le 2 jours: pill count, adhérence thérapeutique?

Merci de votre attention!