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**A comprehensive study on Hepatitis B virus infection and its progress towards liver transplantation**Shaikh Abdul Lateef, Zheng Shushen  
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The major risk element for the progress of hepatocellular carcinoma (HCC) is chronic hepatitis B virus (HBV) infection and globally over 350 million people are chronically infected with HBV. But, it is still notorious whether HBV can directly induce HCC or only indirectly through the stimulation of chronic liver inflammation. Acute HBV infection may cause imprecise signs, for instance fatigue, poor appetite, nausea, vomiting, abdominal pain, low-grade fever, jaundice, and dark urine; and clinical symptoms, such as hepatomegaly and splenomegaly. Not more than 5 percent of adults infected with acutely hepatitis B virus extended to chronic infection. Hepatitis B virus infection diagnosed through the assessment of the patient's blood. The ambitions of cure for chronic hepatitis B virus infection are to decline inflammation of the liver and to avoid problems

by emphasizing viral replication. Chronic hepatitis B virus infected persons should be examined for disease activity with liver enzyme tests and hepatitis B virus DNA levels; considered for liver biopsy; and go through observations for hepatocellular carcinoma. Liver transplantation is an advanced treatment for hepatitis B virus infected patients who have acute or chronic liver collapse and/or principal liver cancer. Progresses in antiviral prophylaxis stop clinically important graft re-infection for most of the patients. Graft and patient survival ratio has been enhanced drastically during the last 10 years, and results of transplantation for hepatitis B virus are now greater to those attained for most other indications. Particularly, the accessibility of adefovir and lamivudine have transformed outcome.

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