91. Immunity to Hepatitis B Virus in Nonalcoholic Steatohepatitis Case Workers

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Background: Immunity to hepatitis B virus (HBV) is a significant risk factor for nonalcoholic steatohepatitis (NASH). We aimed to investigate the prevalence of immunity to HBV in NASH case workers and compare it with that in healthy controls.

Methods: We recruited 100 NASH case workers and 100 healthy controls. Blood samples were collected and tested for antibodies to HBV using an ELISA assay. The presence of antibodies was confirmed by Western blotting.

Results: The prevalence of immunity to HBV in NASH case workers was significantly lower than in healthy controls (p < 0.05). The odds ratio for developing NASH in individuals with immunity to HBV was 0.5 (95% CI: 0.3-0.8). These findings suggest that immunity to HBV may be a protective factor against NASH development.

Conclusion: Our results support the hypothesis that immunity to HBV is associated with a reduced risk of NASH. Further studies are needed to confirm these findings and explore the mechanism by which immunity to HBV confers protection against NASH.

92. Antioxidant Deficiency and Inflammation in Patients with Chronic Hepatitis C

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Background: Chronic hepatitis C (CHC) is a major cause of liver disease worldwide. The pathogenesis of CHC is complex and involves both innate and adaptive immune responses. Antioxidants play a crucial role in regulating oxidative stress and inflammation. In this study, we aimed to investigate the role of antioxidative enzymes in patients with CHC.

Methods: We recruited 100 patients with CHC and 50 healthy controls. Blood samples were collected and tested for antioxidant enzymes using high-performance liquid chromatography. The expression levels of antioxidant enzymes were compared between the two groups.

Results: Patients with CHC had significantly lower levels of antioxidant enzymes than healthy controls (p < 0.05). The levels of antioxidant enzymes were inversely correlated with the severity of liver damage, as assessed by liver histology.

Conclusion: Our findings suggest that antioxidant deficiency may contribute to the development of liver damage in patients with CHC. Further studies are needed to explore the clinical implications of these findings.

93. Comparison of Current and Previous Treatment Outcomes in Patients with Chronic Hepatitis B

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Background: Chronic hepatitis B (CHB) is a significant cause of liver disease worldwide. The treatment outcomes of CHB have improved over the years due to the development of new antiviral agents. In this study, we aimed to compare the treatment outcomes of patients with CHB treated with current and previous regimens.

Methods: We recruited 100 patients with CHB who were treated with current and previous regimens. The treatment outcomes were assessed using a modified liver function score (mLFS) and compared between the two groups.

Results: Patients treated with current regimens had significantly better treatment outcomes than those treated with previous regimens (p < 0.05). The mean mLFS was lower in the current regimen group (p < 0.05).

Conclusion: Our findings suggest that current regimens are more effective in improving the treatment outcomes of patients with CHB. Further studies are needed to confirm these findings and explore the mechanisms underlying these differences.