

调节的双重作用,抑制病毒在细胞内在复制过程而达到治疗作用。本组病例 HBV(+)组中 10%(1/10)出现肝损害,明显低于同组中未用利分能者,而淋巴瘤化疗后出现肝损害明显影响预后^[9],所以我们认为 HBsAg(+) NHL 患者化疗时密切观察肝功酶值尤其 ALT 改变,化疗中配合应用利分能治疗可减少肝损害。另已有报告,不用含类固醇激素化疗方案,可降低 HBV(+)淋巴瘤患者肝损害发生率^[7],在此方面还需进一步研究。

(编者按:本文研究 HBsAg(+)及(-)患者用同样化疗方案后肝功能异常的发生率,颇有临床探讨价值。但利分能的治疗价值,因病例数少,目前下结论尚早,特别是目前尚不能认为 HBsAg(+)者加用

利分能即可化疗。)

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A Study on the Relationship between Hepatitis Virus (HBV) and Liver Damage in Chemotherapy of Lymphoma

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Abstract: **Objective** Observing the relationship between HBV and liver damage in chemotherapy of Lymphoma. **Methods** Among 182 cases of lymphoma, 53 cases with positive serum HBV marker while 129 cases without HBV marker. The liver function of all cases were normal before chemotherapy, effort was made to observe the patients' liver function damage after chemotherapy. **Results** After two phases' regular chemotherapy, the liver damage was 45.3% (24/53) in HBV(+) group and 27.1% (35/129) in HBV(-) group ($P<0.05$). Furthermore, among the patients in HBV(+) group, 10 cases were treated with Interferon alfa-2b and the others didn't use the drug. Liver function damage was 10.0% (1/10) in the former while 53.5% (24/43) in the latter ($P<0.05$). **Conclusion** The cases with HBV(+) were more likely to appear liver function damage, which could be alleviated by using Interferon alfa-2b.

Key words: Lymphoma; HBV; Chemotherapy; Liver function damage

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