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# CLINICALLY EVOLUTIONARY ASPECTS IN CHRONIC VIRAL HEPATITIS B (REWIEV)

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In 2016, of the estimated 257 million people living with chronic hepatitis B virus (HBV) infection worldwide, only a small proportion was diagnosed and treated. In individuals infected with hepatitis B virus (HBV), the loss of hepatitis B surface antigen (HBsAg) is the ultimate therapeutic goal, which defines “functional cure.” For individuals living with human immunodeficiency virus (HIV), functional cure occurs roughly 2 per 100 person-years during potent anti-HBV containing antiretroviral therapy.

Collected data from scientific specialty literature, that were found in Google Scholar Search, and from published studies on PubMed, Scopus, International practice clinic guidlines. Were analyzed 50 articles in the period of 2019-2021 that contained the topic of "Chronic hepatitis B (CHB) infection".The Medline database, the website www.clinicaltrials.gov, and selected abstracts presented at the EASL and the American Association for the Study of Liver Diseases (AASLD) meetings regarding new compounds for chronic hepatitis B have been searched, relevant papers reviewed, and summarized.

The human hepatitis B virus (HBV) is a small-enveloped DNA virus causing acute and chronic hepatitis. Chronic hepatitis B (CHB) infection remains the most common etiology of hepatocellular carcinoma globally, as well as liver cirrhosis. Despite vaccination, they have already been infected with the hepatitis B virus and remain at risk for progressive liver disease. In immunocompetent adults, HBV infection generally results in a self-limited, transient liver disease, where viral control is achieved in more than 95% of adults. Since the most recent version of the treatment altered the management of CHB. Tenofovir alafenamide, with a better safety profile than tenofovir disoproxil fumarate, has been proposed as an initial antiviral drug and as an alternative to long-term therapy in combination while remaining stable.

Clinical and evolutionary developments in hepatitis B have been based on evidence from the scientific literature, where possible, as well as on the clinical experience and consensus of experts.Currently in the treatment of chronic HBV infection is the use of a combination of multiple drugs, including a spinal cord of a nuclear analogue (t) ide, one or more new direct-acting antivirals. Drugs and at least one immunomodulator. The most effective antiviral strategy and the powerful type antivirals used as monotherapy or in combination while remaining stable.