

Letter to the editor

Occult hepatitis B in high-risk patients needs more attention

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I read with interest the recently published article by Ramezani *et al.* [1] in your journal. The issue is important but all the aspects and clinical importance of the study are not clear. According to an international workshop on occult hepatitis B virus infection (OBI) in 2008 [2], OBI is defined as the presence of HBV DNA in the liver (with detectable or undetectable HBV DNA in the serum) of individual patients who test negative for hepatitis B surface antigens (HBsAg) which are detected by highly sensitive tests [3,4].

The authors mentioned that they performed HBV DNA PCR in all anti HBcAb positive cases; however, we know that about 20% of occult hepatitis B (OHB) sera are negative for all serological markers of HBV infection except HBV DNA [3]. This data suggests that Ramezani *et al.* have probably underestimated the real issue in the high-risk group. Additionally, another potential problem arises when applying OHB instead of the OBI without established infectivity [3].

Hemodialysis patients are at higher risk of acquiring HBV infection [5] and there are some reports of finding HBV DNA from PBMC of HBsAg-negative hemodialysis patients [6,7]. If Ramezani *et al.* had conducted their investigation in all hemodialysis patients and in PBMC, the prevalence of OHB would have been greater than that reported in their study. However, I agree with their results indicating higher rates of co-infection in HIV/HCV patients than in hemodialysis patients or blood donors. These results show that, during recent years, blood screening has improved [8].

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