

## CHRONIC VIRAL HEPATITIS B - EPIDEMIOLOGY, PATHOGENESIS, CLINICAL FEATURES, DIAGNOSIS, AND CURRENT THERAPEUTIC STRATEGIES (LITERATURE REVIEW)

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### Annotation

Chronic viral hepatitis B (CHB) remains a major global public health concern due to its high prevalence, long-term complications, and significant mortality. Despite the availability of effective vaccination and antiviral therapies, hepatitis B virus (HBV) infection continues to cause progressive liver disease, including cirrhosis and hepatocellular carcinoma (HCC). This review summarizes current knowledge on the epidemiology, virology, pathogenesis, clinical manifestations, diagnostic approaches, and modern treatment strategies for chronic hepatitis B. Emphasis is placed on recent advances in antiviral therapy and disease monitoring aimed at reducing liver-related morbidity and mortality.

### Keywords

chronic hepatitis B, hepatitis B virus, liver cirrhosis, hepatocellular carcinoma, antiviral therapy.

**Introduction.** Hepatitis B virus infection is one of the most common chronic viral infections worldwide and a leading cause of chronic liver disease. According to the World Health Organization (WHO), approximately 250–300 million people are chronically infected with HBV, and nearly one million deaths occur annually due to HBV-related complications, primarily cirrhosis and hepatocellular carcinoma.

Chronic hepatitis B is defined by the persistence of hepatitis B surface antigen (HBsAg) in the blood for more than six months. The disease course is highly variable and influenced by viral factors, host immune response, age at infection, and comorbid conditions. Many patients remain asymptomatic for years, which delays diagnosis and treatment, allowing progressive liver damage to develop silently.

This narrative review aims to provide a comprehensive overview of chronic viral hepatitis B, focusing on its etiopathogenesis, clinical course, diagnostic criteria, and current evidence-based treatment options.

**Materials and Methods.** This review is based on an extensive analysis of scientific literature published between 2005 and 2024. Data were collected from international databases including PubMed, Scopus, Web of Science, and Google Scholar. Clinical guidelines and reports from the World Health Organization, European Association for the Study of the Liver (EASL), and American Association for the Study of Liver Diseases (AASLD) were also reviewed. Relevant articles were selected based on their scientific relevance, methodological quality, and clinical significance.

**Epidemiology of chronic hepatitis B.** HBV infection demonstrates marked geographic variability. High endemic regions include sub-Saharan Africa, East and Southeast Asia, and parts of the Middle East and Central Asia. In these areas, transmission often occurs perinatally or during early childhood, leading to a high risk of chronic infection.

In contrast, low-endemic regions such as Western Europe and North America report lower prevalence rates, with transmission occurring mainly through sexual contact or parenteral exposure in adulthood. Chronic infection develops in more than 90% of neonates infected at birth, compared to less than 5% of adults, highlighting the importance of age at exposure.

Despite the success of universal vaccination programs, chronic hepatitis B remains a substantial burden due to existing infections and limited access to diagnosis and treatment in resource-poor settings.

**Virology and pathogenesis.** HBV is a partially double-stranded DNA virus belonging to the Hepadnaviridae family. The virus primarily targets hepatocytes and replicates through a unique reverse transcription process. The formation of covalently closed circular DNA (cccDNA) within the nucleus of infected hepatocytes plays a central role in viral persistence and represents a major obstacle to complete viral eradication.

Liver injury in chronic hepatitis B is predominantly immune-mediated rather than caused by direct cytopathic effects of the virus. Cytotoxic T lymphocytes recognize HBV-infected hepatocytes and initiate inflammatory responses, leading to hepatocellular damage. Persistent immune activation results in chronic inflammation, fibrosis, and eventual progression to cirrhosis and hepatocellular carcinoma.

**Clinical manifestations.** The clinical presentation of chronic hepatitis B varies widely. Many patients remain asymptomatic for prolonged periods, with the

disease detected incidentally during routine laboratory testing. When present, symptoms are usually nonspecific and include fatigue, weakness, anorexia, nausea, and right upper quadrant discomfort.

As the disease progresses, signs of advanced liver disease may appear, including jaundice, ascites, splenomegaly, portal hypertension, and hepatic encephalopathy. Patients with long-standing CHB are at increased risk of developing hepatocellular carcinoma, even in the absence of cirrhosis.

The natural history of chronic hepatitis B is commonly divided into several phases, including immune-tolerant, immune-active, inactive carrier, and reactivation phases, each characterized by distinct virological and biochemical features.

**Diagnostic evaluation.** The diagnosis of chronic hepatitis B relies on a combination of serological, virological, biochemical, and imaging studies. Key serological markers include HBsAg, HBeAg, anti-HBe, and antibodies to hepatitis B core antigen (anti-HBc). Quantitative measurement of HBV DNA is essential for assessing viral replication and guiding treatment decisions.

Biochemical evaluation focuses on liver enzyme levels, particularly alanine aminotransferase (ALT), as a marker of hepatic inflammation. However, normal ALT levels do not exclude significant liver damage. Assessment of liver fibrosis is crucial for prognosis and treatment planning. Non-invasive methods such as transient elastography (FibroScan) are widely used, while liver biopsy remains the gold standard in selected cases.

**Current treatment strategies.** The primary goals of chronic hepatitis B treatment are to suppress viral replication, reduce hepatic inflammation, prevent disease progression, and lower the risk of cirrhosis and hepatocellular carcinoma. Complete viral eradication is rarely achievable due to the persistence of cccDNA.

First-line antiviral therapies include nucleos(t)ide analogues such as entecavir and tenofovir, which are potent inhibitors of HBV replication with a high genetic barrier to resistance. Pegylated interferon-alpha may be used in selected patients due to its immunomodulatory effects, although its use is limited by side effects. Treatment is typically long-term and requires regular monitoring of virological response, liver function, and potential adverse effects. Early initiation of antiviral therapy has been shown to significantly improve long-term outcomes.

**Prevention and public health perspectives.** Vaccination remains the most effective strategy for preventing hepatitis B infection. Universal infant immunization, combined with timely birth-dose vaccination, has dramatically reduced HBV prevalence in many countries. Screening of pregnant women and antiviral prophylaxis in high-risk cases further reduce vertical transmission.

Public health efforts should also focus on improving access to diagnostic testing and antiviral therapy, particularly in low- and middle-income countries, to achieve the global goal of hepatitis B elimination.

**Conclusion.** Chronic viral hepatitis B continues to pose a significant global health challenge. Advances in diagnostic techniques and antiviral therapy have improved disease management and patient outcomes; however, early detection and sustained treatment remain critical. Strengthening prevention strategies, expanding vaccination coverage, and improving access to care are essential to reduce the long-term burden of HBV-related liver disease.

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