Chronic Inactive Hepatitis

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For years we have used the terminology of Hepatitis B carrier in a patient whose HBe is negative, Anti HBe is positive, the viral load is nil but HBsAg virus persists in the blood. These patients need no treatment but can transmit the virus through sex or blood contact.

Now it has been shown that very rarely these patients can develop active Hepatitis. Therefore, every 6 months to 12 months liver function tests should be done in all such patients. SGPT and HBV DNA viral load should be seen. Fibroelastography may be done every year or two.

Thus, it is very sad that a carrier patient is told that he has "Hepatitis" - which is chronic Inactive Hepatitis. Not a very good situation in private practice. I often continue to use the word "carrier" specially in 'sensitive' patients.

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Dual antiplatelet therapy guided by platelet function testing

Oral $P2Y_{12}$ receptor inhibitors are key for secondary prevention of atherothrombotic events in patients with acute coronary syndromes, in particular those undergoing percutaneous coronary intervention (PCI). Prasugrel and ticagrelor are more potent than clopidogrel, which is characterised by increased rates of high ontreatment platelet reactivity (HPR), a known marker for recurrent ischaemic events, including stent thrombosis.

This characteristic could explain the greater reduction i atherothrombotic events, albeit t the expense of more bleeding, associated with prasugrel and ticagrelor therapy among patients with acute coronary syndromes undergoing PCI. These observations have stimulated research aimed tat understanding how to implement platelet function testing (PFT) to guide the selection of $P2Y_{12}$ inhibiting therapies.

The authors should be commended for this investigation, which is the first to my knowledge to test PFT-guided de-escalation therapy in patients with acute coronary syndrome undergoing PCI and meets its primary endpoint.

Based on the non-inferiority trial design, the take-home message of TROPICAL-ACS is that, in patients with acute coronary syndrome undergoing PCI, PFT-guided selection of $P2Y_{12}$ inhibiting therapy could represent an alternative approach to a standard strategy of prasugrel use.

To this extent, genetic testing might be of potential value and is currently under investigation.

Despite the diagnostic value of PFT, over the past decade, RCTs have failed to show its role in guiding the choice of antiplatelet therapy. In turn, PFT has struggled to find a space in routine clinical practice. The experience from previous studies led to the design of the TROPICAL-ACS trial, the results of which now provide additional insights on how to use PFT to help select a $P2Y_{12}$ inhibitor, thus suggesting a potential resurgence of a nearly abandoned instrument. Future research should build upon TROPICAL-ACS to help to define antiplatelet treatment approaches associated with optimal safety and efficacy performance profiles for the individual patient.

Dominick J Angiolillo, The Lancet, 2017, Vol 390, 1718-1720