It is known that acute hepatitis B dangerous possibility of severe forms, a certain number of clinical manifestations from acute to chronic infection (in 10-15% of patients), liver cirrhosis and hepatocellular carcinoma. However, all forms of acute HBV-infection in nearly 1% of patients develop fulminant hepatitis, where mortality is highest - about 70%.

We know that fulminant hepatitis B is a massive immune-mediated lysis of infected hepatocytes, which explains the absence in many patients with severe fulminant hepatitis B virus replication, but risk factors for fulminant form of hepatitis B are almost certain. With these features pathogenic HBV considered appropriate destination corticosteroids. In recent years, the literature shows the results of the successful use of antiviral agents in the treatment of patients with fulminant hepatitis B, such as nucleotide analogs.

Even fewer are data on successful treatment of acute fulminant form of hepatitis B.

In article we show the proper clinical follow successful treatment of fulminant form of acute hepatitis B with glucocorticoids and nucleoside analogues. The peculiarity of the case turned out to be the development of pulmonary aspergillosis, which required surgical treatment. Given the disappearance of the markers of hepatitis B antigen, seroconversion appearance of anti-HBs in high titer (at 6 and 12 months), the patient is convalescent acute hepatitis B, was removed from the dispensary.