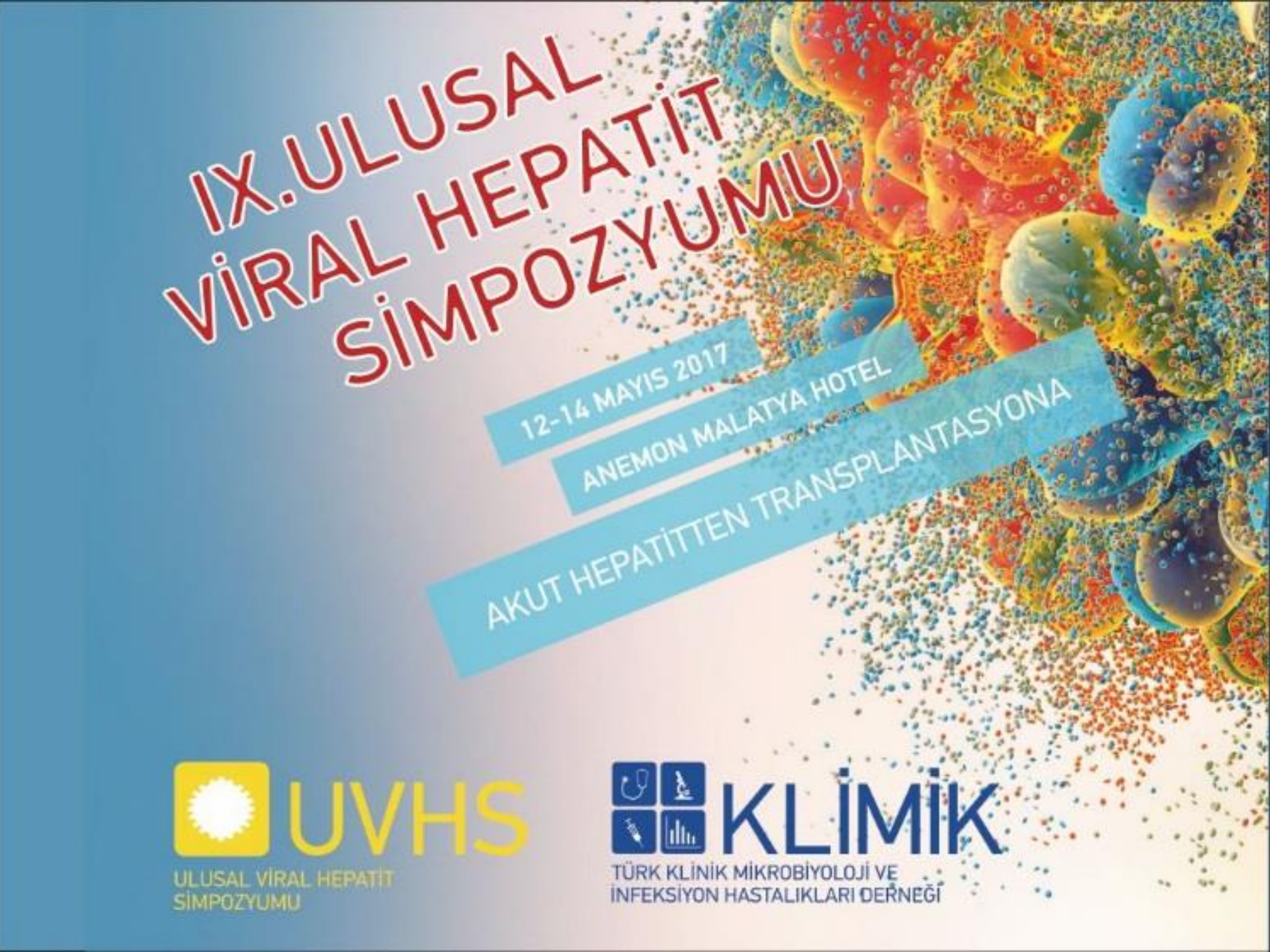
IX.ULUSAL
VİRAL HEPATİT
SİMPOZYUMU
12-14 MAYIS 2017
ANEMON MALATYA HOTEL
AKUT HEPATİTTEN TRANSPLANTASYONA
UVHS
ULUSAL VİRAL HEPATİT
SİMPOZYUMU
KLİMİK
TÜRK KLİNİK MİKROBİYOLOJİ VE
İNFEKSİYON HASTALIKLARI DERNEĞİ

HIV İnfekte Hastada Akut Hepatit B:Olgu sunumu

Ayşe İNCİ

Kanuni Sultan Süleyman Eğitim ve Araştırma Hastanesi
Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji

HIV - HBV KOİNFEKSİYONU

Prevalans coğrafik bölgelere göre değişmektedir

HIV infekte kişilerde HBV taraması ve aşılaması koinfeksiyon oranı azalmaktadır

Tablo 2. Ülkemizden konuyla ilgili yapılmış bazı çalışmaların sonuçları.

Çalışma	Merkez	HBsAg pozitif (%)	Anti-HBs pozitif (%)	Anti-HCV pozitif (%)
Çoban ve ark. [11]	Ankara	2,54	43,9	0,55
Iraz ve ark. [12]	İstanbul	5,5	42,5	1,3
Uzun ve ark. [13]	İzmir	6,5	-	1,3
Asan ve ark. [14]	Tunceli	4,22	-	0,95
Tunç ve ark. [15]	Siirt	10	48	0,62
Demirpençe ve ark. [16]	Batman	12,6	48,06	1,9
Kaygusuz ve ark. [17]	Kırıkkale	5,1	28,6	0,9
Kurt ve ark. [18]	Ankara	5,5	20,7	0,5
Tekay ve ark. [19]	Hakkari	2,7	32	1
Gürkan ve ark. [20]	Ankara	5,58	42,64	1,5
İnci ve ark. [21]	Artvin	3,96	35,06	0,85
Yeşilyurt ve ark. [22]	Yozgat	5,56	8,56	0,28
Çetinkol ve ark. [23]	Kars	4,6	-	1,5
Duman ve ark. [24]	Malatya	14	47	
Mevcut çalışma	İstanbul	4,05	38,42	0,66

İnci A,Çavuş E, Altay G,Dardeh F, Kazezoğlu C,Şanlı K,Yanılmaz Ö. İstanbul'da Bir Eğitim ve Araştırma Hastanesi'ne Başvuran Hastalarda HBsAg, Anti-HBs, Anti-HCV Seroprevalansı.*İKSST Derg 7(1):22-25, 2015*

İKSST Derg 7(1):22-25, 2015
doi:10.5222/iksst.2015.022

Araştırma

İstanbul'da Bir Eğitim ve Araştırma Hastanesi'ne Başvuran Hastalarda HBsAg, Anti-HBs, Anti-HCV Seroprevalansı

HBsAg, Anti-HBs and Anti-HCV Seroprevalence of the Patients Who Admitted To a Training and Research Hospital in Istanbul

Ayşe İNCİ*, Erdinç ÇAVUŞ*, Gülüstan ALTAY*, Feridun DARDEH, Cemal KAZEZOĞLU***, Kamuran ŞANLI**, Özgür YANILMAZ****

** Kanuni Sultan Süleyman Eğitim ve Araştırma Hastanesi, Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Kliniği*

*** Kanuni Sultan Süleyman Eğitim ve Araştırma Hastanesi, Klinik Mikrobiyoloji Laboratuvarı*

**** Kanuni Sultan Süleyman Eğitim ve Araştırma Hastanesi, Tıbbi Biyokimya Kliniği*

ÖZET

Amaç: *Hepatit B ve C virus enfeksiyonları, siroz ve hepatoselluler karsinomanın en önemli nedenlerinden biridir ve tüm dünyada önemli bir sağlık sorunudur. Bu çalışmada Eylül 2013 - Eylül 2014 tarihleri arasında Kanuni Sultan Süleyman Eğitim ve Araştırma Hastanesine başvuran hastalarda HBsAg, Anti-HBs ve Anti-HCV seropozitifliğinin araştırılması amaçlanmıştır.*

Gereç ve Yöntem: *Alınan örnekler mikro ELISA (Tecan) cihazında çalışılmıştır.*

Bulgular: *Toplam 22351 hastaya HBsAg, 21054 hastaya anti-HBs, 19070 hastaya ve anti-HCV ve bakılmıştır. Çalışmamızda HBsAg, anti-HBs ve anti-HCV testlerinde sırasıyla %4,05, %38,42 ve %0,66 seropozitiflik saptanmıştır.*

Sonuç: *Hastanemizde saptanan seropozitiflik sonuçları Türkiye'nin diğer bölgelerinde bulunan sonuçlarla benzerlik göstermektedir.*

Anahtar kelimeler: *HBsAg, anti-HBs, anti-HCV, seroprevalans*

SUMMARY

Objective: *Hepatitis B (HBV) and hepatitis C virus (HCV) infections are global health problems which may result in cirrhosis and hepatocellular carcinoma. The aim of this study was to investigate seropositivity of HBsAg, anti-HBs and anti-HCV in patients who were admitted to Kanuni Sultan Suleyman Education and Research Hospital between September 2013 and September 2014.*

Material and Method: *Blood samples from the patients were analysed using micro ELISA method (Tecan).*

Results: *Serologically 22351 patients were tested for HBsAg, 21054 patients for anti-HBs, and 19070 patients for anti-HCV. In our study 4.05%, 38.42%, and 0.66% of the patients were found to be seropositive for HBsAg, anti-HBs and anti-HCV respectively.*

Conclusion: *The results detected for seropositivity in our hospital are similar to those found in other regions of Turkey.*

Key words: *HBsAg, anti-HBs, anti-HCV, seroprevalance*

P08-04

Kanuni Sultan Süleyman Eğitim ve Araştırma Hastanesi Diyabet Polikliniğine Başvuran Hastalarda HBV ve HCV infeksiyonu sıklığının değerlendirilmesi

Ayşe İnci[1], Ömür Tabak[2]

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[2]Kanuni Sultan Süleyman Eğitim ve Araştırma Hastanesi İç Hastalıklar, İstanbul

HBsAg in Patients who Use Bonsai

Ayse Inci[1], Canan Akman[2], Ozal Adiyeke[3], Utku Murat Kalafat[2], Yavuz Demiraran[3], Tarik Ocak[2]

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Acta Medica Mediterranea, 2017, 33: 59

INVESTIGATION OF FREQUENCY OF HBSAG, ANTI HBS, ANTI HCV AND ANTI HIV IN REFUGEE PATIENTS FROM SYRIA WHO ADMIT TO A TRAINING AND RESEARCH HOSPITAL DEPARTMENT OF SURGERY

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*Kanuni Sultan Suleyman Training and Research Hospital Department of Infectious Diseases And Clinical Microbiology İstanbul, Turkey - **Kanuni Sultan Suleyman Training and Research Hospital, Department of General Surgery İstanbul, Turkey - ***Kanuni Sultan Suleyman Training and Research Hospital Department of Orthopedics Traumatology, İstanbul, Turkey

ABSTRACT

***Introduction**: Hepatitis B and C and HIV cause severe health problems in worldwide. Controlled and/or unrecorded migrations which have been occurring as a result of Syrian war, leads to death of many people, increase poverty, make dissemination of diseases easier and increase health problems.*

***Materials and methods**: Data of Syrian refugee patients who were being surgical treatment and follow-up in Kanuni Sultan Süleyman Training and Research Hospital Department of Surgery (General Surgery, urology, gynecologic oncology, orthopedics and intensive care units) and for whom ELISA (HBsAg, Anti-HBs, Anti-HCV and anti-HIV) was performed between January and December 2015 were retrospectively evaluated from computerized records.*

***Results**: Three hundred Syrian refugee patients who were included in the study were evaluated. One hundred fifty six (52%) patients were female and 144 (48%) were male. The most common age distribution range was found between 16-30. One hundred twenty five (41.6%) patients in general surgery, 78 (26%) patients in orthopedics, 55 (18.4%) patients in urology and 42 (14%) patients in gynecological oncology underwent surgery. HBsAg positivity was found in 9 (3%), anti-HCV was found positivity in 7 (2.3%) and anti-HBs positivity was found in 73 (26.6%) patients. Anti-HIV positivity was found in none of these patients.*

***Conclusion**: Increasing number of uncontrolled and unrecorded Syrian refugees causes lots of social and health problems. We recommended that is important to know frequency of hepatitis in both refugee and local society. According to our study; hepatitis and HIV screening recommended for Syrian refugees in their medical treatments due to the migration from regions where the disease is widespread. Our data will be beneficial for relevant physicians in terms of provide predictions concerning about follow-up of this patient group which will going on surgical intervention.*

HIV, HEPATİT B/C KOİNFEKSİYONLARI: EPİDEMİYOLOJİ, KLİNİK VE TANI

Prof. Dr. Bilgehan Aygen
Erciyes Üniversitesi Tıp Fakültesi
Klinik Mikrobiyoloji ve İnfeksiyon Hastalıkları Anabilim Dalı

Özet

Yüksek etkinlikli antiretroviral tedavi (HAART) çağının başlamasıyla insan immün yetmezlik virusu (HIV) ile infekte hastalarda Hepatit B virusu (HBV) veya Hepatit C virusu (HCV)'na bağlı karaciğer hasarı morbidite ve mortalitenin en önemli nedenlerinden birisi olmuştur. HIV ile infekte olanların özellikleri hepatit viruslarla koinfekte olanlara göre farklıdır ve bu üç virusun epidemiyolojisi zamanla değişmektedir. Batı Avrupa ve Amerika'da HIV pozitif kişilerde yapılan çalışmalarda kronik HBV infeksiyonu sıklığı %6-14 oranında bulunmuştur. Dünyadaki HIV infekte kişilerin 1/3'ünde kronik HCV infeksiyonu vardır. Hepatit B veya Hepatit C'ye bağlı kronik karaciğer hastalığının ilerlemesi HIV infeksiyonu olanlarda olmayanlara göre daha hızlıdır. Hepatit B ve C infeksiyonlarının HIV hastalığının seyrini etkilediğini gösteren çok az kanıt vardır. HBV veya HCV ile koinfekte HIV pozitif hastalarda karaciğer hastalığının değerlendirilmesindeki prensipler herhangi bir kronik karaciğer hastalığı olan hastalardan farklı değildir. Karaciğer biyopsisi inflamasyonun derecelendirilmesi ve fibrozisin evrelendirilmesinde altın standarttır. Buna karşın biyopsinin pahalı ve invaziv bir yöntem olması, fibrozisin evrelendirilmesinde invaziv olmayan serolojik testler ve yeni görüntüleme yöntemlerinin kullanımını gündeme getirmiştir.

Anahtar kelimeler: Hepatit B virusu, Hepatit C virusu, insan immün yetmezlik virusu, koinfeksiyon, prevalans, doğal seyir, tanı

Summary

Since the advent of highly active antiretroviral therapy (HAART), infection with Hepatitis B virus (HBV) or Hepatitis C virus (HCV) and the related liver damage has become one of the most important causes of mortality and morbidity among human immunodeficiency virus (HIV)-infected patients. The characteristics of HIV infected persons differ according to the co-infecting hepatitis virus and the epidemiology of the three viruses changes over time. Among HIV-positive persons studied from Western Europe and the USA, chronic HBV infection has been found in 6-14% overall. One third of HIV-infected individuals worldwide suffer from chronic Hepatitis C. Chronic liver disease resulting from Hepatitis B or C virus infection progresses more rapidly in patients co-infected with HIV than in HIV negative patients. There is little evidence that Hepatitis B or C infection affect HIV disease progression. The evaluation of liver injury in HIV patients co-infected with HBV and HCV should follow the same principles as the evaluation of any patient with chronic liver disease. Liver biopsy has remained the "golden standard" for grading inflammation and staging fibrosis. Since liver biopsy is invasive and expensive, non-invasive techniques including serological tests and novel imaging techniques have evolved to stage liver fibrosis.

Key words: Hepatitis B virus, Hepatitis C virus, human immunodeficiency virus, co-infection, prevalence, natural history, diagnosis

Orijinal Araştırma JCAM

Evaluation of HIV/HBV Co-Infected Cases

HIV/HBV Koenfeksiyonlu Olguların Değerlendirilmesi

HIV/HBV Koenfeksiyonlu Olgular / HIV/HBV Co-Infected Cases

Ayşe İnci[1], Muzaffer Fıncancı[2], Ferda Soysal[2]
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[2]İstanbul Eğitim Araştırma Hastanesi Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji, İstanbul, Türkiye

Tablo 2. Konuyla ilgili yapılmış bazı çalışmalardaki HIV/HBV koinfeksiyon oranları

Çalışma	Yıl	Merkez	Hasta sayısı	Koinf oranı(%)
Ural ve ark.[13]	2010	İzmir	70	14.2
Kumbasar ve ark[14]	2009	İstanbul	71	4
Denis ve ark[15]	1997	Fransa	500	13.8
Law ve ark[16]	2003	Tayland	692	8.7
Lincoln ve ark [17]	2003	Avustrulya	2086	6.3
Tremeau ve ark. [18]	2012	Nijerya	443	7.9
Jain ve ark [19]	2009	Hindistan	1178	9.9
Aurpibul ve ark. [20]	2012	Tayland	521	3.3
Diziuban ve ark[21]	2013	Swaziland	1282	3.7
Bello ve ark. [22]	2005	ispanya	2994	10.3
Kaptan ve ark. [23]	2011	İzmir	82	4.8
Mevcut çalışma	2012	istanbul	180	4.4

- Akut enfeksiyonda kronikleşmede artış
- HIV hepatit B İnfeksiyonunun progresyonunu hızlandırmakta ve siroz riskini artırmaktadır.(4)
- HBeAg klerensinde azalma,
- KC'de fibroziste hızlı ilerleme,
- KC yetmezliğine hızlı ilerleme
- HCC artış
- Hepatik alevlenme, mortalite ve morbidite artışı

Case Report

Doi: 10.4274/Vhd.64936
Viral Hepatitis Journal 2014; 20(1): 40-42

Hepatocellular Carcinoma Developing in HIV/HBV Co-Infection: Case Presentation

Hepatoselüler Karsinom Gelişen HIV/HBV Koenfeksiyonu*

Ayşe İNCİ[1], Muzaffer FİNCANCI[2]

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[2]*İstanbul Education and Research Hospital, Clinic of Infectious Diseases and Clinical Microbiology, İstanbul, Turkey*

ABSTRACT

Following antiretroviral treatment, the mortality rates associated with human deficiency virus (HIV) infection decreased, and HIV infection became a chronic disease. The hepatitis-associated liver injury in HIV-infected cases has been one of the important reasons for mortality and morbidity in these patients. The co-morbidity of HIV and hepatitis infections is common due to the fact that their routes of transmission are similar. HIV infection affects the course of hepatitis B virus infection negatively. In this study, a 68-years old case with hepatocellular carcinoma, co-infected with HIV/HBV was presented. *(Viral Hepatitis Journal 2014; 20(1): 40-42)*

Key words: CHV, HBV, co-infection

ÖZET

Antiretroviral tedavi sonrası insan immünyetmezlik virüsü (human deficiency virus (HIV)) enfeksiyonu ile ilişkili ölüm oranları azalmış, HIV enfeksiyonu, kronik bir hastalık hâline gelmiştir. HIV enfekte olgularda hepatite bağlı karaciğer hasarı önemli mortalite ve morbidite nedenlerinden biri olmuştur. Bulaş yollarının benzer olması nedeni ile HIV ve hepatit enfeksiyonlarının birlikteliğine sık rastlanmaktadır. HIV enfeksiyonu hepatit B virüsü enfeksiyonunun seyrini olumsuz yönde etkilemektedir. Bu çalışmada, hepatoselüler karsinom gelişmiş olan HIV/HBV koenfeksiyonlu 68 yaşındaki bir olgu sunulmuştur. *(Viral Hepatit Dergisi 2014; 20(1): 40-42)*

Anahtar Kelimeler: HIV, HBV, koenfeksiyon

HIV ile İnfekte Hastalarda Standard Doz Hepatit B Aşısına Karşı Antikor Yanıtı

Antibody Response to a Standard Dose of Hepatitis B Vaccine in HIV-Infected Patients

Ayşe İnci[1], Muzaffer Fincancı[2]
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Özet

Amaç: Bu çalışmanın amacı HIV/AIDS hastalarında standard doz hepatit B aşısına karşı antikor yanıtının retrospektif olarak incelenmesi, antikor yanıtı olan ve olmayanların demografik, klinik ve laboratuvar parametreler açısından karşılaştırılmasıdır.
Yöntemler: Bu çalışmada, Ocak 2002 ve Nisan 2010 tarihleri arasında İstanbul Eğitim ve Araştırma Hastanesi, İnfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Polikliniği'nden HIV/AIDS tanısıyla izlenen tüm hastaların hepatit B virusu infeksiyonu yönünden serolojik verileri retrospektif olarak tarandı. HBsAg-pozitif ya da anti-HBs-pozitif olanlar dışında kalan ve 0, 1 ve 6. ayda olmak üzere toplam 3 doz standard doz hepatit B aşıları yapılan HBsAg-negatif ve anti-HBs-negatif olguların, aşı sonrası minimum 1 ay ya da daha uzun süre sonra bakılmış anti-HBs düzeyleri incelendi.
Bulgular: Serolojik verileri olan 112 hastadan seronegatif bulunarak hepatit B aşısı uygulanmış 56 hastanın 15 (%26.8)'inde anti-HBs düzeyleri 10 mIU/ml'nin üzerindeydi. Antikor oluşan ve oluşmayan iki grup arasında yaş, cinsiyet, ek hastalık, alkol, madde, sigara kullanımı, antiretroviral tedavi alıp almama yönünden istatistiksel olarak anlamlı bir fark yoktu ($p>0.05$). İki grup arasında CD4 değerleri bakımından istatistiksel olarak anlamlı bir fark bulunmazken; antikor oluşmayan olguların HIV RNA düzeyleri istatistiksel olarak anlamlı derecede daha yüksekti ($p<0.05$).
Sonuçlar: HIV ile infekte olgularda aşıya yanıt oranı düşüktür ve bu yanıtı etkileyen en önemli faktör HIV viral yüküdür. HIV ile infekte olgularda hepatit B aşısı yapıldıktan sonra antikor durumunun değerlendirilmesi ve aşı sonrası antikor yanıtı vermeyen hastalara rapel ya da daha yüksek dozda aşı yapılmasının düşünülmesi gerekmektedir. *Klimik Dergisi 2014; 27(1): 12-4.*

Anahtar Sözcükler: Hepatit B aşıları, HIV, edinsel immün yetmezlik sendromu, antikor yanıtı.

Abstract

Objective: The aim of this study is to determine the antibody response to the standard dose of hepatitis B vaccine, retrospectively, and compare the demographic, clinical and laboratory characteristics between responders and nonresponders.
Methods: Data on serological markers of hepatitis B virus infection belonging HIV/AIDS patients followed in Infectious Diseases and Clinical Microbiology Outpatient Clinic, Istanbul Education and Research Hospital between January 2002 and April 2010 were reviewed in this retrospective study. Patients determined as HBsAg- or anti-HBs-positive during their serological evaluation before vaccination were not included in the study. Anti-HBs responses of HBsAg- and anti-HBs-negative patients, measured at least 1 month after a course of vaccination at 0, 1, and 6 months with a total of 3 doses, were evaluated.
Results: Among 112 patients who had complete serological data, 56 seronegative patients had vaccination, and 15 (26.8%) of them showed at least 10 mIU/mL of anti-HBs level. There was no statistically significant difference in age, sex, comorbidity, alcohol and drug use, smoking, and antiretroviral drug use among seroconverters and nonseroconverters ($p>0.05$). While there was no statistically significant difference in CD4 counts between seroconverters and nonseroconverters, HIV RNA viral load was significantly higher in nonseroconverters ($p<0.05$).
Conclusions: In our study, immune response rate to vaccine was low in HIV-infected patients, and this response was affected by HIV viral load most importantly. Seroconversion should be monitorized after hepatitis B vaccination in HIV-infected patients and a booster shot or higher vaccine doses may be considered. *Klimik Dergisi 2014; 27(1): 12-4.*

Key Words: Hepatitis B vaccines, HIV, acquired immunodeficiency syndrome, antibody response.

OLGU

- 49 yaşında, Erkek
- Evli 3 Çocuk (1998'den önce doğumlu)
- Fabrikada işçi
- Bursa
- Şikayet: İştahsızlık,karın ağrısı,bulantı, kusma,ishal,ateş

- Hikaye:Son 15 gündür halsizlik iştahsızlık bulantı ve kusma
- 15 gündür bitkisel karışımlar kullanımı
- Özgeçmiş: Yaklaşık 6 ay önce başka bir hastanede genel cerrahi polikliniği başvurusu
- Soygeçmiş: Özellik yok

FİZİK MUAYENE

- Genel durum iyi, şuur açık, koopere
- Cilt ve skleralar ikterik, hepatomegali, splenomegali yok ve diğer sistem muayeneleri normal

Acil Laboratuvar

- WBC:5340
- Hb:12,1
- Plt:201 000
- Glukoz:113
- Kre:0.9
- ALT:783
- AST:403
- Albumin:5.5
- T.prot: 5,8
- CRP:7
- GGT:185
- T.BRB:6.7
- D.BRB:5.9
- INR:1.02(0.8-1.2)

USG:Safra kesesi duvar kalınlığında artış

Akut hepatitlerin seyrinde safra kesesinde yapısal ve fonksiyonel bazı değişiklikler gözlenmektedir.

JCU Journal of Clinical Ultrasound

J Clin Ultrasound 12:141–146, March/April 1984

Sonographic Patterns of the Gallbladder in Acute Viral Hepatitis

Giulia Maresca, MD, Anna Maria De Gaetano, MD, Paola Mirk, MD, Roberto Cauda, MD,* Giovanni Federico, MD,* and Corrado Colagrande

Abstract: Ultrasound was used for a serial evaluation of gallbladder modifications in 61 patients with acute viral hepatitis during both the acute phase of the illness and recovery. Most of the patients studied within 7 days from the onset of symptoms and/or jaundice showed sonographic abnormalities of the gallbladder (increased wall thickness, reduced volume, abnormal bile content). A normal ultrasound pattern of the gallbladder was progressively restored during the clinical recovery in most of the patients. A statistical correlation was found between the gallbladder wall thickness and the alanine transferase index. **Indexing Words:** Gallbladder · Viral hepatitis · Gallbladder wall thickening · Echogenic bile

Kathmandu Univ Med J (KUMJ). 2006 Oct-Dec;4(4):415-8.

Ultrasound findings in acute viral hepatitis.

Sudhamsu KC[1].

Author information

Abstract

AIM: Serological markers for the virus remain mainstay of diagnosis of acute viral hepatitis. However, it is not available in all part of our country. The aim of this study is to find out the sonological findings of the hepatobiliary system that may aid to clinch the diagnosis of acute viral hepatitis.

MATERIALS AND METHODS: One hundred seventy seven consecutive patients with clinical diagnosis of acute viral hepatitis from June 2004 to June 2006 attending liver clinic were enrolled in this study. After exclusion of 32 patients 145 patients with definitive diagnosis by serological confirmation were studied.

RESULT: Hepatitis E (85%) was most common followed by B (10%) and A (5%). Gall bladder finding was more common than hepato-splenomegaly. Collapsed gall bladder with increased wall thickness and pericholecystic oedema was present in more than 50% of the patient. In HAV hepatitis it was present in all patients while in HEV hepatitis it was present in 84% patients.

CONCLUSIONS: Gall bladder findings in ultrasound are present in over 80% of enterically transmitted hepatitis virus. Thus, it can be used to diagnose acute hepatitis when serological tests are not available.

J Clin Ultrasound. 2009 Mar-Apr;37(3):144-8. doi: 10.1002/jcu.20542.

Gallbladder wall thickening in patients with acute hepatitis.

Suk KT[1], Kim CH, Baik SK, Kim MY, Park DH, Kim KH, Kim JW, Kim HS, Kwon SO, Lee DK, Han KH, Um SH.

Author information

Abstract

BACKGROUND: Gallbladder wall thickening (GWT) is often observed in patients with acute hepatitis (AH). However, little is known regarding the relationship between AH and GWT. We analyzed the characteristics of GWT in patients with AH.

METHOD: Between April 2002 and April 2007, 232 patients with AH underwent a sonographic examination. The clinical and laboratory findings of patients with GWT were evaluated and compared with patients without GWT. Data were recorded for the following variables: gender, age, laboratory findings, duration of symptom, presence of gallstone, and etiology of GWT.

RESULTS: A total of 147 (63%) patients with AH had GWT. GWT in patients with an alanine aminotransferase level more than 500 IU/l (5.2 +/- 3.4 mm) was greater than that in other patients (3.9 +/- 2.3 mm; $p < 0.05$). Hepatitis A virus infection (odds ratio = 3.17 [1.42-7.09]), female gender (odds ratio = 2.47 [1.34-4.56]), and an elevated total bilirubin level (odds ratio = 1.09 [1.03-1.15]) were positively associated with GWT.

CONCLUSION: The incidence of GWT in patients with AH was 63%, and there was an association with hepatitis A virus infection, female gender, and an elevated total bilirubin level.

Laboratuvar

- HbsAg: (+)
- Anti HCV: (-)
- Anti-HIV: (+) Western blot testi (?)

	Anti-HIV(+)	WB(+)	WB(-)
Grup 1	**27**	**2(%7.4)**	**25(%92.6)**
Grup 2	**132**	**35(%26.6)**	**97(%73.4)**
Toplam	**159**	**37(%23.3)**	**122(%76.7)**

- Anti HAV Total (+)
- Anti HAV IgM(-)
- HBeAg (+)
- Anti HBeAg (-)
- Anti HBC Total (+)
- Delta Antikoru (-)

- Toxoplasma IgM (-)/IgG (+)
- CMV IgM (-)/IgG (+)
- EBV IgM, IgG, VCA IgM: (-)
- Rose Bengal (-)
- TOTAL SİFİLİZ ANTİKOR(-)

Yaklaşık 6 ay önce başka bir hastanede genel cerrahi polikliniği başvuru HBsAG(-), Polk başvuru; Anal Condulom

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REVIEW

Human immunodeficiency virus and the anorectum

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KEYWORDS
Human immunodeficiency virus (HIV);
Acquired immune deficiency syndrome (AIDS);
Anorectal disorders;
Surgical management;
Prognosis

Abstract An understanding of HIV/AIDS is important to the practice of colon and rectal surgery as these patients frequently present with proctological diseases. Operations for anorectal pathology represent one of the most common indications for surgery in HIV-positive patients. It appears that anorectal pathology in HIV/AIDS infected patients has not been impacted by highly active anti retroviral therapy. The general approach to the HIV- infected patient and management of the anorectal diseases are discussed. Surgical procedures can be safe and effective therapeutic modalities. Symptomatic improvement of the underlying anorectal pathology may make delayed wound healing an acceptable complication in many AIDS patients. Part of the complete treatment includes education, treatment and counselling of sexual partners.

anal ulcer (29–32%), anal condyloma (32–43%), anal fissure (6–33%), anal fistula (6–33%), perirectal abscess (3–25%) and haemorrhoids (4–14%).

Low et al. BMC Infectious Diseases 2011, 11:20
http://www.biomedcentral.com/1471-2334/11/20

BMC Infectious Diseases

RESEARCH ARTICLE Open Access

Genital warts and infection with human immunodeficiency virus in high-risk women in Burkina Faso: a longitudinal study

Andrea J Low[1*], Tim Clayton[1], Issouf Konate[2], Nicolas Nagot[3], Abdoulaye Ouedraogo[1], Charlotte Huet[2], Marie-Noelle Didelot-Rousseau[3], Michel Segondy[3], Philippe Van de Perre[3], Philippe Mayaud[1,2], the Yérélon Cohort Study Group

Abstract

Background: Human papillomaviruses are the most common sexually transmitted infections, and genital warts, caused by HPV-6 and 11, entail considerable morbidity and cost. The natural history of genital warts in relation to HIV-1 infection has not been described in African women. We examined risk factors for genital warts in a cohort of high-risk women in Burkina Faso, in order to further describe their epidemiology.

Methods: A prospective study of 765 high-risk women who were followed at 4-monthly intervals for 27 months in Burkina Faso. Logistic and Cox regression were used to identify factors associated with prevalent, incident and persistent genital warts, including HIV-1 serostatus, CD4+ count, and concurrent sexually transmitted infections. In a subset of 306 women, cervical HPV DNA was tested at enrolment.

Results: Genital wart prevalence at baseline was 1.6% (8/492) among HIV-uninfected and 7.0% (19/273) among HIV-1 seropositive women. Forty women (5.2%) experienced at least one incident GW episode. Incidence was 1.1 per 100 person-years among HIV-uninfected women, 7.4 per 100 person-years among HIV-1 seropositive women with a nadir CD4+ count >200 cells/μL and 14.6 per 100 person-years among HIV-1 seropositive women with a nadir CD4+ count ≤200 cells/μL. Incident genital warts were also associated with concurrent bacterial vaginosis, and genital ulceration. Antiretroviral therapy was not protective against incident or persistent genital warts. Detection of HPV-6 DNA and abnormal cervical cytology were strongly associated with incident genital warts.

Conclusions: Genital warts occur much more frequently among HIV-1 infected women in Africa, particularly among those with low CD4+ counts. Antiretroviral therapy did not reduce the incidence or persistence of genital warts in this population.

Background

genital warts (GWs) [6,7]. Comparatively little is known

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Anal HPV/HIV co-infection among Men Who Have Sex with Men: a cross-sectional survey from three cities in China.

Li X[1], Li M[1], Yang Y[2], Zhong X[3], Feng B[1], Xin H[1], Li Z[1], Jin Q[1], Gao L[1].

Author information

Abstract

Anal human papillomavirus (HPV) infection, which is linked to anal warts and anal cancer, is common among men who have sex with men (MSM), especially among those HIV positives. MSM aged 18 years or older were recruited from mainland China. Blood and anal cytologic samples were collected for HIV-1 serological test and HPV genotyping. A total of 889 eligible participations were included. The genotyping results of HPV were available for 822 participants (92.46%), 65.32% of which were positive for the targeted 37 HPV types. Prevalence of infection with any type of HPV was higher among HIV-infected participants (82.69%) as compared to HIV-uninfected participants (62.81%) ($p < 0.01$). HPV06 (15.45%), HPV18(13.50%), HPV16 (11.44%), and HPV11 (10.71%) were the most frequent types identified in the study population. Ever had paid sex with man was found to be independent predictor for HPV positivity with an adjusted odds ratios (OR) of 2.34 (1.16-4.74). Anal HPV positivity was observed to be independently associated with HIV infection with an adjusted OR of 3.03 (1.76-5.21) in the study population. In conclusion, the prevalence of anal HPV infection was observed to be common among MSM from mainland China, and it was significantly associated with the status of HIV infection.

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Original Article

Dermatology Section

Ano-Genital Warts and HIV Status– A Clinical Study

SHASHIKANT BALAKRISHANA DHUMALE[1], SHIMPA SHARMA[2], ARVIND GULBAKE[3]

ABSTRACT

Introduction: Ano-Genital Warts (AGW) like other Sexually Transmitted Diseases (STD) is associated with Human Immunodeficiency Virus (HIV) infection. This study of AGW was done in HIV positive and HIV negative patients.

Aim: To study the risk factors and clinical presentations of ano-genital warts in HIV positive and negative patients.

Materials and Methods: A comparative, cross-sectional, descriptive study of 25 HIV positive and 25 HIV negative (n=50) AGW patients between 15-60 years of both sex was conducted in Dr. D. Y. Patil Hospital and Research Centre from July 2014 to July 2016.

Results: Significant association of HIV positivity ($p<0.05$) was observed between age group of 15-30 years and HIV negative status ($p<0.05$) in age group of 31-45 years. HIV positive status significantly higher in patients with self-admitted multiple sexual partners ($p<0.01$), homosexuality ($p<0.05$) and presentation with anal warts ($p<0.01$). HIV negative status correlated significantly with single sexual partner admission ($p<0.01$) and hetero-sexuality ($p<0.05$). Gender did not show significant association with number of sexual partners or HIV positivity. Extra-genital or only genital warts had no association with HIV status. Co-STDs though more in number in ser-positive group, did not show any significant association with HIV positivity ($p>0.05$). No patient presented with changes of malignancy. Four were adolescents below 19 years. Two patients had atypical presentations of giant condylomata i.e., Buschke-Lowenstein Tumour (BLT).

Conclusion: HIV positivity was significantly associated with the risk factors of age below 30 years, homo sexuality and multiple sexual partners. Anal warts were significantly common in HIV positive patients. Four adolescents with AGW underline the need for high risk behaviour counselling. No patient had malignant ano-genital warts. Follow up of these patients with Human Papilloma Virus (HPV) sub-typing is necessary.

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Association of Immune Status with Recurrent Anal Condylomata in Human Immunodeficiency Virus-Positive Patients

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Purpose: An anal condyloma is a proliferative disease of the genital epithelium caused by the human papillomavirus. This condition is most commonly seen in male homosexuals and is frequently recurrent. Some reports have suggested that immunosuppression is a risk factor for recurrence of a condyloma. Thus, we investigated the risk factors for a recurrent anal condyloma in human immunodeficiency virus (HIV)-positive patients.

Methods: We retrospectively analyzed 85 consecutive patients who were diagnosed with and underwent surgery for an anal condyloma from January 2007 to December 2011. Outcomes were analyzed based clinical and immunologic data.

Results: Recurrent anal condylomata were found in 25 patients (29.4%). Ten cases (40.0%) were within postoperative 3 months. At postoperative 6 months, the CD4 lymphocyte count in the recurrent group was lower than it was in the non-recurrent group ($P = 0.023$).

Conclusion: CD4-mediated immunosuppression is a risk factor for recurrent anal condylomata in HIV-positive patients.

Keywords: *Condyloma accuminata; Human papillomavirus; HIV; Recurrence; Immunosuppression*

	Başvuru	3.GÜN	5. GÜN
Glukoz	113	108	92
ALT	783	790	667
AST	403	515	442
T . BRB	7.8	11.6	15.6
D.BRB	6.8	10.2	13.7
PLT	201000	187000	202000
INR	1.02	1.2	1.4
Kreatinin	0.8	0.9	0.8
HBs Ag	(+)		
HBeAg	(+)		
Anti HBC Ig M	(+)		
Anti HIV	(+) (WB ?)	WB?	WB?
HIV RNA	?		
HBV DNA	?		

- ÖYKÜ
- WB?
- BEKLEYELİM?
- ANTİVİRAL TEDAVİ ?
- HANGİ ANTİVİRAL?

- **WB(+)**

TEDAVİ

Hasta bilgilendirme

Direnç Testi

WB (+)

Tenofovir + Emtricitabine

Lopinavir/Ritonavir

SONUÇ

HIV RNA	32820 IU/ml	NEGATİF
HBV DNA	7874000 IU /ml	9559
ALT	667	24
AST	442	16
T.BRB	15.6	0.2
D.BRB	13.7	0.1
HBs Ag	+	+
HBeAg	+	-
Anti Hbe	-	+
INR	1.3	0.9

Aile taraması yapıldı ve aile bireyleri aşılama programına alındı

Akut Hepatit B/ Antiviral

Akut Fülminan Hepatit B Tedavisinde Lamivudin: İki Olgu Sunumu

Fatma Sırmatel[1], Öcal Sırmatel[2], Sibel Hocaoğlu[1], Özgür Dağlı[1]

Özet: Lamivudin, kronik hepatit B tedavisinde de kullanılan bir nükleozid analogu olup antiviral bir ajandır. Akut hepatit B tablosunda iken gelişen, fülminan karaciğer yetmezliği olan iki hastaya, destek tedavisiyle birlikte antiviral ajan (lamivudin 100 mg/gün) da verildi. Mortalite oranı oldukça yüksek olan akut fülminan karaciğer yetmezliğinden çıkan hastalar tamamen iyileştiler. Akut fülminan viral hepatit tedavisinde lamivudin kullanılması literatür bilgilerinin ışığında tartışıldı.

Anahtar Sözcükler: *Akut hepatit B, fülminan hepatit, lamivudin.*

Summary: Lamivudine in the treatment of acute fulminant hepatitis B. Report of two cases. *Lamivudine is a nucleosid analogue and antiviral agent, which is used in the treatment of chronic hepatitis B. Two patients who developed fulminant hepatic failure during acute hepatitis B infection were given antiviral agent (lamivudine 100 mg/day) together with supportive treatment. Two patients cured completely from acute fulminant hepatic failure of which has a high mortality rate. Usage of lamivudin in the treatment of acute viral fulminant hepatitis was discussed according to previous literature.*

Key Words: *Acute hepatitis B, fulminant hepatitis, lamivudine.*

Tablo 1. Akut Karaciğer Yetmezliğinde Akut Viral Hepatitler (4)

- AKY'lerin %70'inin nedeni akut viral hepatitlerdir.
- Viral hepatitlerin %70'inden HBV sorumludur.
- Akut viral hepatit sırasında fülminan hepatit gelişme oranı: HAV %0.1, HBV %1, HCV %0.1, HDV %5-20, HEV %2, gebelerdeki HEV infeksiyonu (özellikle üçüncü trimestrde) %20-40
- Akut HBV infeksiyonunun %10'u, HDV koinfeksiyonuyla birliktedir.
- HBV'ye bağlı AKY'nin %50'sinde HDV koinfeksiyonu veya süperinfeksiyonu sorumludur.

Akut Hepatit B/ Antiviral

Kemoterapi Alan Bir Hastada Gelişen Akut Hepatit B'de Lamivudin Deneyimi

Lamivudine Experience in Acute Hepatitis B Developing in a Patient Under Chemotherapy

Tayibe Bal, Yusuf Önlen, Feride İşitemiz, Vicdan Köksaldı-Motor, Ömer Evirgen, Ömer Faruk Kökoğlu, Sabahattin Ocak

Mustafa Kemal Üniversitesi, Tıp Fakültesi, İnfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Anabilim Dalı, Hatay, Türkiye

Özet

Akut hepatit B (AHB), %90 spontan iyileşmeyle sonlanır ve çoğunlukla antiviral tedavi gerektirmez. Ancak nadiren fülminan hepatit gibi daha ciddi karaciğer hasarıyla da sonuçlanabilir. Fülminan hepatite gidiş olasılığı immünosüprese hastalarda, immünokompetan hastalara oranla daha yüksektir. Nedeni tam olarak açıklanamamış olmakla birlikte, immünosüprese hastalarda kemoterapiyle ilişkili immünosüpresyon, hepatit B virusu replikasyonunu artırarak fülminan hepatite gidiş olasılığını artırıyor olabilir. Bu varsayıma göre AHB gelişen immünosüprese hastalarda lamivudin tedavisiyle viral yükte sürekli baskılanmanın sağlanması daha az konak yanıtına neden olarak, bu hastalarda fülminan hepatite gidiş riskini önlemede etkili olabilir. Bu yazıda, hematolojik malignite nedeniyle idame kemoterapisi almaktayken, AHB gelişen bir olgu sunuldu. Literatürdeki benzer vakalardan yola çıkarak lamivudin tedavisi verilen ve idame kemoterapisine devam edilen hastada tedavinin dördüncü haftasında transaminaz düzeyleri normal ve anti-HBs pozitif olarak saptandı. İmmünosüprese olgularda AHB gelişmesi durumunda lamivudin tedavisinin etkinliği, tedavi süresi, kemoterapiye ara verilip verilmeyeceği ve ne zaman devam edilebileceği gibi pek çok soru yanıt beklemektedir. Literatürdeki birkaç olgu sunumu dışında, konuyla ilgili yol gösterici bir rehber bulunmadığından, bu vakadaki lamivudin deneyimi paylaşılmaya değer bulunmuştur.

Klimik Dergisi 2014; 27(3): 118-20.

Anahtar Sözcükler: Akut hepatit B, kemoterapi, lamivudin.

Abstract

Acute hepatitis B (AHB) results 90% in spontaneous healing and often does not require antiviral therapy. It may rarely result in severe liver damage as fulminant hepatitis. The possibility of fulminant hepatitis is high in immunosuppressed patients than in immunocompetent patients. Although the exact cause is unexplained, immunosuppression associated with chemotherapy may increase the possibility of fulminant hepatitis by increasing hepatitis B virus replication in immunosuppressed patients. According to this hypothesis, in immunosuppressed patients with AHB, maintaining viral load suppression with lamivudine therapy may cause less host response and may be effective in preventing risk of fulminant hepatitis. A case in which AHB developed while receiving maintenance chemotherapy for haematological malignancy is presented. Based on similar cases in the literature, the patient was treated with lamivudine and maintenance chemotherapy was continued. In the fourth week of treatment, transaminase levels were normal and anti-HBs was positive. In immunocompromised patients in whom AHB develops, many questions such as the effectiveness of lamivudine treatment, duration of treatment, whether or not to suspend the chemotherapy and when to continue the chemotherapy are still unanswered. Lamivudine experience in this case is reported because there is no guide for this subject in the literature except few case reports.

Klimik Dergisi 2014; 27(3): 118-20.

Key Words: Acute hepatitis B, chemotherapy, lamivudine.

Seroconversion of acute hepatitis B by antiretroviral therapy in an HIV-1 infected patient.

Ikeda-Kamimura M[1], Horiba M.

Author information

Abstract

A 33-year-old man with human immunodeficiency virus type1 (HIV-1) infection was admitted because of acute hepatitis B. His serum alanine aminotransferase level was 1200 IU/mL and CD4 cells count was 268/mm3. Antiretroviral therapy including tenofovir and emtricitabine, which suppresses both HIV and hepatitis B virus (HBV) replication, was initiated. The liver enzymes decreased dramatically. The viral loads of both HIV-1 and HBV were suppressed below detectable limits. Seroconversion from hepatitis B surface antigen to hepatitis B surface antibody was acquired 19 weeks later. In this case, the initiation of antiretroviral therapy with anti-HBV activity during the acute phase of hepatitis B had a favourable effect on HBV serostatus.

Acute Hepatitis B and Acute HIV Coinfection in an Adult Patient: A Rare Case Report

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Acute HIV and acute hepatitis B coinfection is extremely rare. A 23-year-old homosexual man was admitted to our hospital with 5-day history of fever, malaise, and back pain with initial laboratory values showing severe transaminitis. The clinical picture was initially suggestive of acute viral hepatitis, which on further testing revealed acute hepatitis B and acute HIV coinfection. Although the patient was asymptomatic, a decision was made to start antiretroviral therapy. At 2-month followup, liver function tests were normal with undetectable viral loads. The early treatment of acute HIV/HBV coinfections likely contributed to eventual seroconversion with immunity to HBV in a severely immunocompromised host. To the best of our knowledge, this is the first case report of acute Hepatitis B and acute HIV coinfection and its management. In conclusion, early treatment of acute hepatitis B in immunocompromised patients may be beneficial.

1. Introduction

Coinfection with HBV is common in HIV-infected individuals because of their shared routes of transmission. Chronic hepatitis B virus (HBV) infection affects approximately 7% to 15% of HIV-infected persons worldwide [1]. The incidence of complications arising from HBV-associated liver disease among coinfected patients represents a significant challenge for both patients and clinicians. Management of coinfection has always been challenging because of interaction between two viruses, deciding when to initiate the therapy, dual action of some drugs, and morbidity and mortality associated with these diseases. We report a case of simultaneous acute HBV and acute HIV coinfection and its management.

2. Case Report

cigarettes/day, and drinking 6 beers/weekend. Physical examination was normal. Vital signs were normal except for a temperature of 101°F. Laboratory values at admission are shown (Table 1). By hospital day no. 5, liver function tests (LFTs) continued to increase. After consulting with a gastroenterologist and infectious disease specialist, a decision was made to treat both infections with tenofovir/emtricitabine and ritonavir/lopinavir although the patient was asymptomatic.

By hospital day no. 7, when antiviral medications were dispensed to the patient, LFTs had begun to decrease.

Laboratory values at 2 months are shown in Table 1.

At 17-month followup, pt remained stable on antiretroviral therapy.

3. Discussion

The prevalence of HIV/HBV coinfection varies. The geo-

31 yaşında erkek hasta diğer olgu	
Glukoz	65
ALT	145
AST	224
T . BRB	14.3
D.BRB	12.3
PLT	85
WBC	3190
LYM	13.50(21.8-53.1)
INR	5.07
Kreatinin	1.2
HBs Ag	(+)
HBeAg	(-)
Anti HBeAg	(+)
Anti HBC Total	(-)
Anti HIV	(+) (WB (+)

- Mental durum değişikliği
- INR (>1,5) değerleri
- Arteryel kan gazı laktat düzeyi.
- Arteryel kan gazı pH<7,3

Tenofovir + Emtricitabine/ Raltegravir

Kanuni Sultan Süleyman Eğitim ve Araştırma Hastanesi İç Hastalıkları Kliniği


Teşekkür ederim
IX. ULUSAL VİRAL HEPATİT SİMPOZYUMU
(UVHS IX) (12-14 MAYIS 2017, MALATYA)

IX. ULUSAL VİRAL HEPATİT SİMPOZYUMU

12-14 MAYIS 2017

ANEMON MALATYA HOTEL

AKUT HEPATİTTEN TRANSPLANTASYONA

UVHS

ULUSAL VİRAL HEPATİT SİMPOZYUMU

KLİMİK

TÜRK KLİNİK MİKROBİYOLOJİ VE İNFEKSİYON HASTALIKLARI DERNEĞİ