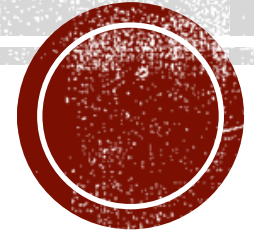


Akut Hepatit E Olgu Sunumu

Dr. Elif SARGIN ALTUNOK

03,06,2016



Türkiye;

Ölge Sunumu

Aile Hek Derg 1997; 1(4): 234-236

Viral Hepatit Dergisi 2003; 8(3): 174-177

E HEPATİTİ (OLGU SUNUMU) HEPATITIS E (CASE REPORT)

İsmail N. Kara*, Fuat Gürkan*, Mehmet Boşnak*, Bünyamin Dikici*, Kenan Haspolat*

Özet

Hepatit E enfeksiyonu kısıtlı olarak gelişmekte olan ülkelerde geniş salgınlara ve epidemilere yol açan, fekal-oral yolla bulaşan non-A, non-B hepatittir. Hastalığın kaynağı genellikle kontamine sular ve epidemiler sıklıkla yağmurlu mevsimlerden sonra görülür. Bu çalışmada laboratuvar bulgularıyla desteklenen, birid hepatit A koinfeksiyonuna sahip, 4 ve 5 yaşlarında akut hepatit E enfeksiyonlu iki olgu bildirildi. Ayaktan takip edilen hastalar ve semptomatik olarak tedavi edildiler ve tamamen iyileştiler.

Anahtar kelimeler: Hepatit E, non-A, non-B hepatit, çocuk, koinfeksiyon

Summary

Hepatitis E infection is a type of non-A, non-B hepatitis which is transmitted by the fecal-oral route and leads to large epidemics and outbreaks in developing countries. The source of the disease is usually contaminated water, and epidemics are frequently observed after the rainy seasons. In this study two four and five years old boys with acute hepatitis E were reported. One of them had coinfection with hepatitis A virus, confirmed by laboratory findings. The patients were followed in the outpatient clinic, treated symptomatically and made a complete recovery.

Key words: Hepatitis E, non-A, non-B hepatitis, child, coinfection

Viral Hepatit Derg 2002 (1): 485-487

AKUT HEPATİT E'LI İKİ OLGU

CAFER EROĞLU*, EMEL DUYAR*, MUSTAFA SÜNBÜL*, ŞABAN ESEN*, MURAT GÜNAYDIN**, HAKAN LEBLİCİOĞLU*

ÖZET

Hepatit etkenleri içinde yer alan hepatit E virüsü (HEV)'u fekal-oral yoldan yayılır. Bu bildiride bölgenizde nadir görülen akut viral hepatit E'li iki olgu sunuldu. Yirmi yaşında aniden erkek hasta akut hepatit semptomları ile hastanemize başvurdu. Hastanın biyokimyasal testlerinde ALT:240 U/L, AST:50 U/L ve ALP:305 U/L olarak saptandı. Hepatit testlerinden hepatit A, B ve C ye ait testler negatif, Anti-HEV IgM ve Anti-HEV IgG pozitif olarak saptandı. Diğer olgu 30 yaşında bayan hasta, 2 ay öncesinde akut hepatit semptomları ile diğer bir sağlık kuruluşunda izlenmiş fakat bir tanı konulmamış. Bizce başvurduğunda şikayeti yoktu, fizik muayene bulguları normaldi. Kan biyokimyasında ALT:54 U/L, GGT:165 U/L dışındaki değerleri normaldi. Anti-HAV IgG, Anti-HEV IgM, Anti-HEV IgG pozitif hepatit B ve C ye ait serolojik testler negatif olarak saptandı. Bu klinik ve laboratuvar bulguları ile hastalara akut viral hepatit E tanısı kondu. Sonuç olarak sebebi belirlenemeyen akut hepatit ve diğer etyolojilerinde hepatit E'nin de akla getirilmesi doğru bir yaklaşım olacaktır.

Anahtar Kelimeler: Hepatit E virüsü, tanı, anitörler

Hepatit A ve Hepatit E Koinfeksiyonu#

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ÖZET

Hepatit A virüsü (HAV) ve hepatit E virüsü (HEV) farklı iki virüs olup, enteral hepatit tablosunda görülür. Akut HAV enfeksiyonunun iyileşme döneminde, tekrar yükselen karaciğer enzim yüksekliği sırasında, iki erişkin hasta da akut HEV koinfeksiyonu görüldü. Yapılan serolojik inceleme ile bu iki enteral hepatitin bir arada olacağı saptandı. Yapılan retrospektif incelemede toplam 11 olguda aynı durum bulundu. Yaşları 3-45 olan, yedi erkek dört kadın olgusunun akut hepatit kliniğinde akut HAV ve HEV serolojisi bir arada pozitif idi. Dokuz hasta hakkında sadece serolojik bilgilere ulaşıldı. Spesifik HAV IgG-IgM ile spesifik HEV IgG-IgM pozitifliği birlikte saptanan, serolojik ve klinik olarak takip edilen iki olgu sunulurken akut enteral viral hepatitlerde koinfeksiyon olabileceğine dikkat çekildi.

Anahtar Kelimeler: Akut enteral viral hepatitler, koinfeksiyon, hepatit A virüsü, hepatit E virüsü.



OLGU-1

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GE Jornal Português de
Gastreenterologia
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www.elsevier.pt/ge



CLINICAL CASE

Fulminant hepatitis E in a pregnant woman

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24 Yaşında Kadın Hasta;

- 32 haftalık gebe
- Bulantı, kusma, halsizlik ve miyalji şikayetleri ile dış merkezde KHD Kliniği'ne başvurmuş
- Yapılan tetkiklerinde karaciğer enzim yüksekliği ve hiperbilirubinemi olması üzerine indüksiyon ile doğum gerçekleştirilmiş
- Hasta doğumu takip eden 12 saat içinde ensefalopati gelişmesi ve GKS 6 olması nedeniyle YBÜ'ne devir edilmiş



Özgeçmiş;

- Pakistan'lı
- 3 yıldır Portekiz'de yaşamakta
- Evli ve 2 yaşında sağlıklı bir çocuk annesi
- Özgeçmişinde 2 spontan abortus öyküsü mevcut
- İlaç, toksik madde yada alkol kullanımı yok
- Gebeliği sırasında 3 ay süre ile Pakistan'da kalma öyküsü mevcut, başvurusundan 3 hafta önce geri dönmüş
- Pakistan'da iken KHD uzmanı tarafından yapılan takiplerinde fetal ultrasonografi normal olarak bildirilmiş



Fizik Muayene;

- Grade III ensefalopati, GKS:6
- Belirgin sarılık
- Vücut ısısı hipotermik (34.7 °C)
- Hemodinamik olarak stabil
- Karaciğer non palpabl
- Uterus simfisis pubis üzerinde 3 cm palpabl



Laboratuvar Bulguları;

AST, 10-37 IU/L	406	Total Bilirubin, 0,4-1,2 mg/dL	41,20
ALT, 10-37 IU/L	569	İndirek Bilirubin, mg/dL	10,6
LDH, 205-423 IU/L	1358	INR, normal, 0.81-1.38	5.4
ALP, 44-155 IU/L	354	GGT, 10-49 UI/L	63
NH3, 8-33 μ mol/L	47	Arteryal laktik asit, 4.5-14.4 mg/dL	34



Akut hepatit E'ye baėlı akut karaciėer yetmezliėi

- Batın Ultrasonografisi, özellik yok
- Kranial BT, normal
- Hepatit A, B, C ve G, sifiliz, CMV, HSV, toksoplazmozis, leptospirosis, ANA, SMA ve anti-LKM1 taramaları negatif idi.
- **Hepatit E Virus-RNA PCR kuvvetli pozitif**
- Birden fazla genotiple maksimum benzerlik, yeni bir genotip?



Akut hepatit E'e baėlı akut karaciėer yetmezliėi

- Hasta acil olarak kadavradan karaciėer nakli iin listeleye alındı
- Ekstrakorporeal albümin diyalizi (Prometheus®) başlandı
- Hastada 48 saat iinde klinik kötüleşme, GKS:3
- Mekanik ventilasyon



SONUÇ; Başvurusundan 4 gün sonra kadavradan karaciğer nakli

- Greft fonksiyonları transplantasyon sonrası normal,
- Nakil sonrası 2 ay HEV RNA PCR negatif seyretti.
- YD ise doğumda ikterik idi;
 - Total bilirubin: 14.8 mg/dL, anti-HEV IgG pozitif, anti-HEV IgM negatif
 - Fototerapi ve kan değişimi uygulamaları ile bilirubinleri normal seviyeleri geriledi
 - 3 hafta YD-YBÜ'nde takip edilen hasta pediatri servisinde transfer edildi
 - Doğumdan 7 hafta sonra taburcu edildi.



Hepatitis E and pregnancy: understanding the pathogenesis.

Navaneethan U¹, Al Mohajer M, Shata MT.

⊕ Author information

Abstract

Hepatitis E virus (HEV) is a single-stranded RNA virus that causes large-scale epidemics of acute viral hepatitis, particularly in developing countries. In men and non-pregnant women, the disease is usually self-limited and has a case-fatality rate of less than <0.1%. However, in pregnant women, particularly from certain geographical areas in India, HEV infection is more severe, often leading to fulminant hepatic failure and death in a significant proportion of patients. In contrast, reports from Egypt, Europe and the USA have shown that the course and severity of viral hepatitis during pregnancy is not different from that in non-pregnant women. The reasons for this geographical difference are not clear. The high mortality rate in pregnancy has been thought to be secondary to the associated hormonal (oestrogen and progesterone) changes during pregnancy and consequent immunological changes. These immunological changes include downregulation of the p65 component of nuclear factor (NF-kappaB) with a predominant T-helper type 2 (Th2) bias in the T-cell response along with host susceptibility factors, mediated by human leucocyte antigen expression. Thus far, researchers were unable to explain the high HEV morbidity in pregnancy, why it is different from other hepatitis viruses such as hepatitis A with similar epidemiological features and the reason behind the difference in HEV morbidity in pregnant women in different geographical regions. The recent developments in understanding the immune response to HEV have encouraged us to review the possible mechanisms for these differences. Further research in the immunology of HEV and pregnancy is required to conquer this disease in the near future.

- Gebelikte **steroit hormonlarının yüksek** seviyelerde olması (viral replikasyonu teşvik eder, infeksiyöz ajanlara karşı karaciğerin cevabını direk inhibe ederler, immünsupresif etkileri var, karaciğer rejenerasyonunda önemli bir rol oynayan NF-κB kompleksinin işlevinin bozulması ve sekresyonunun azalması-gebeliğin devamlılığının sağlanması için)
- Maternal immun sistem genetik olarak farklı olan fetusa karşı tolerasyon geliştirir



Hepatitis E virus infection and fulminant hepatic failure during pregnancy.

Jilani N¹, Das BC, Husain SA, Baweja UK, Chattopadhyaya D, Gupta RK, Sardana S, Kar P.

Author information

Abstract

BACKGROUND AND AIM: Hepatitis E virus (HEV) infection leading to fulminant hepatic failure (FHF) and high mortality is a common feature in Indian women during the second and third trimesters of pregnancy. An altered status of hormones and immunity are observed during pregnancy but the actual cause of high mortality is still unknown. The present study was carried out to analyze CD3, CD4 and CD8 T cell counts and to assay the level of pregnancy-related hormones such as estrogen, progesterone and beta-HCG in order to discover the role played by these factors.

METHODS: One hundred patients (50 pregnant and 50 non-pregnant women) with FHF and 150 pregnant healthy females without liver disease as controls were recruited for the study. Serological tests for all viral markers using ELISA kits and detection of HEV RNA by reverse transcription-polymerase chain reaction (RT-PCR) were carried out in all cases. CD3, CD4 and CD8 T cell counts were analyzed by fluorescence activated cell sorter (FACS) while hormone assay was performed by commercially available RIA kits.

RESULTS: Serologically (38/50; 76%) as well as by RT-PCR (28/50; 56%), a significantly higher HEV positivity rate was found in pregnant FHF patients compared to non-pregnant women (serologically 15/50; 30%; RT-PCR 7/50; 14%). CD4 counts were lower ($P < 0.05$), while CD8 counts were higher ($P < 0.05$), and their ratio (CD4/CD8) in HEV positive pregnant FHF patients was significantly lower ($P < 0.01$) when compared to that of HEV negative pregnant FHF women or controls. Levels of estrogen, progesterone and beta-HCG were also found to be higher ($P < 0.001$) in HEV positive pregnant FHF patients when compared to HEV negative patients or controls. HEV infected pregnant FHF patients had a significantly higher mortality rate of 65.8% (25/38) compared to 23.5% (4/15) in HEV positive non-pregnant women ($P < 0.001$).

CONCLUSIONS: Pregnancy appears to be a potential risk factor for viral replication and an extreme low immune status of Indian/Asian pregnant women. It is suggested that diminished cellular immunity (indicated by a decrease in CD4, an increase in CD8 cell counts and lowered CD4/CD8 cell ratio) and a high level of steroid hormones that influence viral replication/expression during pregnancy appear to be the plausible reasons for severity of the disease.

- Fulminan hepatik yetmezliği olan HEV ile enfekte gebelerde **CD4 sayısı daha düşük, CD8 sayısı çok daha yüksek**
- Sağlıklı gebelerle karşılaştırıldığında yukarıdaki grupta **östrojenler, progesteron ve beta-HCG düzeyi anlamlı olarak daha yüksek** bulunmuş



Immunological alterations in pregnant women with acute hepatitis E.

Pal R¹, Aggarwal R, Naik SR, Das V, Das S, Naik S.

⊕ Author information

Abstract

BACKGROUND: Infection with hepatitis E virus (HEV) is a major cause of acute viral hepatitis in several developing countries. Although usually self-limiting and benign, the disease is particularly severe among pregnant women, with mortality rates reaching 15-20%.

METHODS: Immune parameters among pregnant women with acute hepatitis E (P-HEV) were investigated and compared with those in non-pregnant patients with hepatitis E (N-HEV), and healthy pregnant (PC) and non-pregnant (NPC) women.

RESULTS: Peripheral blood mononuclear cells (PBMC) from P-HEV patients had lower lymphocyte proliferation response to phytohemagglutinin (PHA) than those in the PC and NPC groups. A positive lymphocyte proliferation response to HEV antigen (HEVAg), a mixture of eight peptides derived from HEV proteins, was observed in 7/19 (37%) P-HEV patients, 3/9 (33%) N-HEV patients and only 2/21 (10%) PC and 2/14 (14%) NPC subjects; the stimulation indices in the P-HEV group were similar to the N-HEV group and higher than the PC group. Measurement of cytokine production by PBMC in response to PHA and HEVAg showed a reduction in production of T-helper 1 (Th1) cytokines and an increase in that of Th2 cytokines in the P-HEV group. Cytokine mRNA levels showed similar changes.

CONCLUSION: These results show the existence of a Th2 bias in pregnant women with acute hepatitis E. The role of this Th2 bias in the greater severity of hepatitis E among pregnant women needs further investigation.

- Sağlıklı kontrol grubu ve HEV enfeksiyonlu gebe olmayan kadınlarla karşılaştırıldığında hepatit E enfeksiyonu olan gebelerde Th2 predominant olmak üzere **lenfosit yanıtında azalmaya bağlı generalize immünsupresyon** ile karakterize



Does hepatitis E viral load and genotypes influence the final outcome of acute liver failure during pregnancy?

Kar P¹, Jilani N, Husain SA, Pasha ST, Anand R, Rai A, Das BC.

Author information

Abstract

BACKGROUND: Hepatitis E is a major health problem in developing countries including India. The incidence and mortality rate in pregnant women with fulminant hepatic failure (FHF) due to hepatitis E virus (HEV) has been reported to be significantly higher, specifically in Asian women. Pregnancy is usually associated with an altered status of sex steroid hormones and immunity. Steroid hormones directly influence the replication through their effects on viral regulatory elements. Moreover, pregnant women in Asia generally suffer from folate deficiency, which is known to cause reduced immunocompetence leading to greater risk of multiple viral infections and higher viral load.

OBJECTIVES: To correlate and analyze the viral load and genotypes of HEV in acute liver failure with that of acute viral hepatitis among pregnant and nonpregnant women.

MATERIALS AND METHODS: A total of 100 FHF and 150 acute viral hepatitis (AVH) patients (50, 75 pregnant and 50, 75 nonpregnant, respectively), were included in the study. These cases were evaluated on the basis of history, clinical examination, liver function profile, and serological test of hepatitis A, B, C, and E using commercially available ELISA kits. Quantification of HEV RNA-positive samples was carried out.

RESULTS: Out of 100 FHF and 150 acute viral hepatitis (AVH) patients, 28 (56%) and 22 (29.3%) pregnant and 7 (14%) and 8 (16%) nonpregnant, respectively, were HEV RNA-positive. HEV viral load in FHF pregnant women was $5.87 \times 10(4) \pm 1.5 \times 10(5)$ microL/mL as compared to AVH pregnant women 343.29 ± 216.44 microL/mL and FHF and AVH nonpregnant 199.2 ± 225.5 microL/mL and 13.83 ± 7.8 microL/mL, respectively. Sequencing data of all the positive samples of FHF and AVH pregnant and nonpregnant women showed genotype 1.

CONCLUSION: HEV viral load was found to be significantly higher ($P < 0.05$) in pregnant patients compared to the nonpregnant. Pregnancy appears to be a risk factor for viral replication. The viral copies of HEV in FHF pregnant women were comparatively higher when compared to AVH pregnant women, which may be related to the severity of the disease in these patients. We could detect only one genotype (genotype 1) in our study population. Thus in the absence of other genotypes in this population, the impact of genotype could not be adequately assessed in this study.

- Genotip 1 HEV ile infekte hastalarda;
- Viral yük miktarı karaciğer hastalığının şiddeti ile ilişkilendirilmiş
- **HEV viral yük, gebelerde gebe olmayanlara göre anlamlı olarak daha yüksek bulunmuş**



OLGU-2

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• CASE REPORT •

Successful rescuing a pregnant woman with severe hepatitis E infection and postpartum massive hemorrhage

Zhan-Sheng Jia, Yu-Mei Xie, Guo-Wu Yin, Jun-Rong Di, Wei-Pin Guo, Chang-Xing Huang, Xue-Fang Bai



24 Yaşında Kadın Hasta;

- 31 haftalık gebe
- 11 gündür devam eden halsizlik, karın şişliği, sarılık şikayetleri mevcut
- Fizik muayenede; kan basıncı 150/90 mmHg, periferik ve fasial şişlik mevcut, skleralar ikterik
- Fetal kalp hızı 140 atım/dk
- **Laboratuvar bulguları;** beyaz küre sayısı normal, trombositopeni ($76 \times 10^9/L$), anemi (10 g/dL), albumin 2.6 g/dL, bilirubin 33.8 mg/dL, ALT 158 IU/L, Protrombin zamanı aktivitesi (PTA) % 21,5



Hepatit E Enfeksiyonuna Bağlı Gebeliğin Fulminan Karaciğer Yetmezliği

- Hepatit A, C ve D negatif
- Anti-HBs pozitif
- **Anti-HEV IgM pozitif**



Hepatit E Enfeksiyonuna Baęlı Gebelięin Fulminan Karacięer Yetmezlięi

- YBÜ'nde takip edilen hastanın ve fetusun hayati risk taşıması nedeniyle gebelięin sonlandırılması amacıyla doğum indüksiyonu yapıldı
- **Postpartum masif hemoraji gelişti (3500 ml)**, hipotansif seyreden ve ölüm riski olan hastaya bilateral uterin arter embolizasyonu yapılarak kanama kontrolü sağlandı
- Kan ve albümin replanmanları ile hastanın normotansif olması sağlandı



Klinik Seyir;

- Ateş (38.9°C)
- Konfüzyon
- Oligüri (<400 ml/gün)
- Tüm vücutta ciddi ödem
- Karın duvarında cilt altı hemoraji
- Masif hemorajik asit
- WBC: $28.8 \times 10^9/L$,
- Serum kreatinin 6.6 mg/dL,
- BUN: 67.8 mg/dL
- Trombositopeni ($42 \times 10^9/L$)
- Uzamış PT (32.8 sn, normal 11-14 sn)
- Uzamış APTT (88.5 sn, normal 25-36 sn),
- Hipofibrinojenemi (0.23 g/L)

Hepatik ensefalopati

Hepatorenal sendrom

Puerperal bakteriyel enfeksiyon

Yaygın damar içi pıhtılaşma (DIC)



Karaciğer, Böbrek ve Koagülasyon fonksiyonları düzeldi

- Antifibrinolitik ajanlar, protrombin kompleksi
- Enfeksiyon kontrolü, antibiyotikler
- Albumin replasmanı
- Hemodiyaliz
- Yapay karaciğer destek tedavisi (artificial liver support therapy)



Sonuç; Anne ve bebek şifa ile 2 ay sonra taburcu edildi

- HEV ile infekte fulminan karaciğer yetmezliği olan gebelerde 3.trimesterde mortalite daha yüksek
- Postpartum masif kanama ve hepatorenal sendrom gibi komplikasyonlar mortaliteyi artırmaktadır
- Bilateral uterin arter embolizasyonu total histerektomiye kıyasla daha az hasar bırakan bir yöntem
- Gebelikte HEV enfeksiyonu olan hastaların tedavisinde maternal ölümlerin önlenmesi için gebeliğin erken sonlandırılması denenmelidir



OLGU-3

INTERNAL  MEDICINE

□ CASE REPORT □

Late Onset Post-Transfusion Hepatitis E Developing during Chemotherapy for Acute Promyelocytic Leukemia

Kyoko Fuse¹, Yuichi Matsuyama², Masato Moriyama¹, Shukuko Miyakoshi¹,
Yasuhiko Shibasaki³, Jun Takizawa¹, Tatsuo Furukawa³, Ichiro Fuse⁴, Hiro Matsumura²,
Shigeharu Uchida², Yoshifumi Takahashi⁵, Kenya Kamimura⁵, Hiroyuki Abe⁵,
Takeshi Suda⁵, Yutaka Aoyagi⁵, Hirohito Sone¹ and Masayoshi Masuko³



27 Yaşında Kadın Hasta

- **Ekim 2011**; Lökositoz, trombositopeni ve kanama eğilimi
- Akut promiyelositik lösemi, DIC ile komplike
 - WBC: 17,830/ μ L (APL cells: 98%), Hb: 10.2 g/dL, Plt: 3.5×10^4 / μ L
 - Koagülasyon parametreleri; fibrinojen: 34 mg/dL, FDP: 191.0 μ g/mL, D-dimer: 77.4 μ g/mL
- All-trans retinoik asit (ATRA; 45 mg / m²) + proteaz inhibitörleri + masif taze donmuş plazma (TDP) transfüzyonu (günde 10-20 adet) başlandı
(Başlangıç ATRA tedavisi ile ciddi DIC kontrolü sağlandıktan sonra kombinasyon kemoterapisi planlandı)



4.Günde YBÜ'ne alındı

- Differansiasyon sendromu, intestinal ve alveoler kanama
- Solunum yetmezliği nedeniyle ventilatör ihtiyacı
- Pulse steroid tedavisi (üç gün metilprednisolon, 1 g / gün)
- ATRA stop, indüksiyon kemoterapisi (sitarabin ve daunorubisin) başlandı
- **232 ünite TDP, 26 ünite eritrosit süspansiyonu, 190 ünite trombosit süspansiyonu**
- Sonuçta hematolojik tam remisyon sağlandı



Mayıs 2012 Transaminaz Yüksekliği

- **Aralık 2011**; 1. konsolidasyon kemoterapisi (mitoxantrone + cytarabine)
- **Ocak 2012**; 2. konsolidasyon kemoterapisi (daunorubicin + cytarabine)
- **Mart 2012**; 3. konsolidasyon kemoterapisi (idarubicin + cytarabine)
- **Nisan 2012**; hastada koagülaz-negatif stafilokok kaynaklı sepsis gelişti, antibiyoterapi; karaciğer disfonksiyonu
- Antibiyotikler kesildi, ancak transaminazlar yükselmeye devam etti
- 35. gün pik yaptı (**AST 697 IU/L, ALT 972 IU/L**)
- Sonrasında yavaş yavaş kendiliğinden geriledi

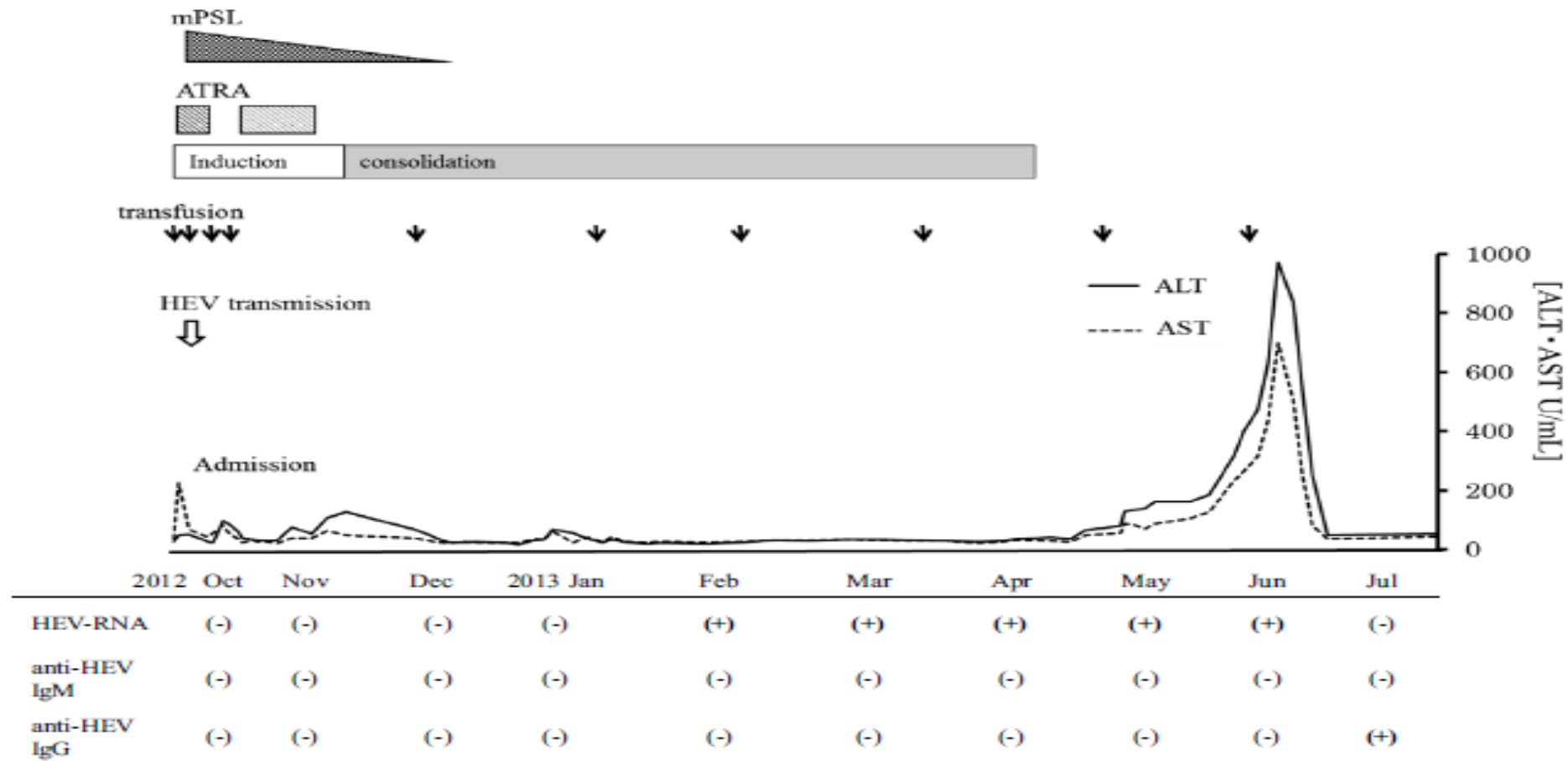


Akut Hepatit E

- HBV, CMV, EBV, HHV-6, HSV, VZV ve Parvo virus B19 DNA negatif
- HCV RNA negatif
- **HEV-RNA pozitif** (3.1 log kopya/mL)



Hastanın aylık olarak saklanan serumları kullanılarak HEV RNA bakıldı



Hasta tarafından alınan tüm kan ürünleri örnekleri geriye dönük olarak HEV-RNA için test edildi

- 232 ünite TDP, 50 ünite ES ve 525 ünite TS
- 177 donör
- **2011 Ekim ayı sonunda bağışlanan tek bir TDP numunesinde HEV RNA pozitif, genotip 3**
- Transfüzyondan 3 ay sonra HEV viremi gelişmiş, hepatit gelişmeksizin 4 ay viremi sürmüştür
- Aynı donörden HEV ile kontamine ES hazırlanarak jinekolojik cerrahi geçiren orta yaşlı bir kadına transfüzyon yapılmış, takiplerinde hepatit E gelişmedi



2012 Haziran sonu taburcu edildi

- Ayaktan ATRA idame tedavisi ve tam remisyon sağlandı
- HEV reaktivasyona dair bir kanıt yok
- Vakanın önemi;
 - Tipik bir hepatit E infeksiyonundan (2-6 hafta) önemli ölçüde **daha uzun bir latent periyot** (7 ay),
 - HEV ile kontamine kan ürünü alan diğer alıcıda enfeksiyon gelişmedi,
 - Transfüzyondan 3 ay sonra viremi gelişti ve 4 ay sürdü



Hepatitis E virus excretion can be prolonged in patients with hematological malignancies.

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Abstract

BACKGROUND: Hepatitis E virus (HEV) is transmitted via the fecal-oral route and locally acquired sporadic hepatitis E can occur in Western countries. Chronic hepatitis E virus infections have been recently described in solid organ transplant recipients. There is little data on the evolution of hepatitis E in patients immunocompromised for other reasons.

OBJECTIVES: The aim of this study was to evaluate the clinical course of hepatitis E in patients immunocompromised because of hematological malignancies.

STUDY DESIGN: Starting on November 2003, all patients in the Toulouse University Hospital Hematology Department with unexplained elevated transaminases were tested for hepatitis E using viral RNA detection in serum or stools and serology.

RESULTS: Acute hepatitis E was diagnosed in six middle-aged hematology patients. All cases were autochthonous. HEV strains were genotype 3. All patients had a significant increase of transaminases (6-95 upper limit normal) and only two had HEV IgG. Five patients were asymptomatic and one had jaundice. Transmission of HEV occurred between two patients who had overlapping stays in the hematology ward. All five evaluable patients ultimately cleared their HEV but viremia was prolonged over 6 months in three patients and specific treatment had to be postponed in two patients.

CONCLUSION: Screening for HEV should be carried out routinely in hematology patients with elevated transaminases, and patient-to-patient transmission is a concern. Further studies are required to determine whether management of malignancy, particularly stem-cell transplantation should be adapted to HEV status.

- Hepatit E virus atılımı hematolojik maligniteli hastalarda uzayabilir



Chronic hepatitis E virus infection in a patient with leukemia and elevated transaminases: a case report.

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Abstract

INTRODUCTION: Acute hepatitis E virus infection may cause mild, self-limiting hepatitis, either as epidemic outbreaks or sporadic cases, the latter of which have been reported in industrialized countries. Chronic infections are uncommon and have been reported in immunosuppressed patients, patients with human immunodeficiency virus infection, and patients with hematological malignancies.

CASE PRESENTATION: A 46-year-old Caucasian man was admitted to the gastroenterology clinic with a history of increasing transaminases, persistent exhaustion, and occasional right-side abdominal pain over the course of a 6-month period. B-cell chronic lymphocytic leukemia had been diagnosed several years earlier, and the patient was treated with rituximab, pentostatin, and cyclophosphamide. A diagnostic workup ruled out autoimmune and metabolic liver disease, hepatitis A-C, and herpes virus infection. A physical examination revealed enlarged axillary lymph nodes. The results of an abdominal ultrasound examination were otherwise unremarkable. Hepatitis E virus infection was diagnosed by detection of hepatitis E virus-specific antibodies. Blood samples were positive for hepatitis E virus ribonucleic acid with high viral loads for at least 8 months, demonstrating a rare chronic hepatitis E virus infection. Sequencing and phylogenetic analysis revealed hepatitis E virus genotype 3c with homologies to other European isolates from humans and swine, indicating an autochthonous infection.

CONCLUSIONS: Usually, hepatitis E virus infection appears as an acute infection; rare chronic infections have been reported for transplant patients, patients with human immunodeficiency virus, and patients with hematological malignancies. The chronic nature of hepatitis E infection in our patient was most likely induced by the immunosuppressive B-cell chronic lymphocytic leukemia treatment. The differential diagnosis in patients with unexplained hepatitis should include hepatitis E virus infection, and appropriate laboratory analyses should be considered.

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Hepatitis E Virus seroprevalence and chronic infections in patients with HIV, Switzerland.

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Author information

Abstract

We screened 735 HIV-infected patients in Switzerland with unexplained alanine aminotransferase elevation for hepatitis E virus (HEV) immunoglobulin G. Although HEV seroprevalence in this population is low (2.6%), HEV RNA can persist in patients with low CD4 cell counts. Findings suggest chronic HEV infection should be considered as a cause of persistent alanine aminotransferase elevation.

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Hepatitis E virus and chronic hepatitis in organ-transplant recipients.

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Abstract

Hepatitis E virus (HEV) is considered an agent responsible for acute hepatitis that does not progress to chronic hepatitis. We identified 14 cases of acute HEV infection in three patients receiving liver transplants, nine receiving kidney transplants, and two receiving kidney and pancreas transplants. All patients were positive for serum HEV RNA. Chronic hepatitis developed in eight patients, as confirmed by persistently elevated aminotransferase levels, serum HEV RNA, and histologic features of chronic hepatitis. The time from transplantation to diagnosis was significantly shorter and the total counts of lymphocytes and of CD2, CD3, and CD4 T cells were significantly lower in patients in whom chronic disease developed.

- HEV genotip 3 ile kronik enfeksiyonlar rapor edilmiştir
 - Solid organ transplantasyonu, steroid tedavisi, HIV enfeksiyonu veya hematolojik malignite öyküsü



Teşekkürler...

