

Hepatitis E and Acute Liver Failure in Pregnancy

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Hepatitis E and Acute Liver Failure in Pregnancy

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Abstract

Hepatitis E virus (HEV) is a positive strand RNA virus with 7.6 kb length and has 3 open reading frames (ORF).¹ ORF1 encodes non-structural proteins while ORF2 is responsible for structural region of HEV. Role of ORF3 is yet unclear.² It is an important cause of acute liver failure (ALF) in the epidemic and endemic setting.^{3–10} While pregnancy does not confer increased susceptibility to hepatitis A, B and C viruses, pregnant women may be more vulnerable to HEV infection. Hepatitis E related ALF is reported predominantly from developing countries, especially the Indian subcontinent and African countries such as Somalia and Sudan but a few case reports of HEV infection in pregnancy are now being reported from developed countries.^{11,12} The important issues in HEV related infection in pregnancy include: a) whether acute viral hepatitis (AVH) is a risk factor for mortality in pregnancy b) increased proneness of pregnant females to contract HEV c) severity of liver disease in these patient subgroups as compared to the rest of the population d) the natural course of HEV-ALF among pregnant females and outcome of pregnancy and fetus in such patients. These issues are addressed in the present review.

Reference:

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