

Transfusion-associated hepatitis in a tertiary referral hospital in India. A prospective study.

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Transfusion-associated hepatitis in a tertiary referral hospital in India. A prospective study.

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Abstract

Background and Objectives: In Indian blood banks, screening for hepatitis B virus (HBV) is currently done by the EIA method, but no routine screening is done for hepatitis C virus (HCV).

Materials and Methods: To determine the incidence of transfusion-associated HCV hepatitis, and of any residual transfusion-associated hepatitis (TAH) after HBsAg screening, we prospectively studied 182 patients who underwent surgery and received blood transfusion. These recipients had normal alanine aminotransferase (ALT) and were negative for HBsAg (monoclonal EIA), and anti-HCV (third-generation EIA) before receiving transfusion.

Results: Of the 818 blood units transfused after routine screening (average 4.49 ± 3.3 U/patient, range 1–14), 14 (1.7% of units) were found to be infected. Of the 182 recipients, 14 (7.69%) developed TAH during a follow-up of 6 months, 3 (21.4%) from HBV, 10 (71.5%) from HCV, and 1 (1.7%) from a coinfection of HBV and HCV. All patients with TAH due to HCV were asymptomatic. One patient with TAH due to HBV (33%) and 5 with TAH due to HCV (50%) developed chronic infection with persistently elevated ALT at 6 months.

Conclusions: With the current screening practices, the incidence of TAH remains high in India and is mainly due to HCV infection. Furthermore, the screening methods for HBV also need to be improved.

References

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