Prevalence of amoebic antibody in population affected by epidemic non-A, non-B hepatitis.

Cited in:
In: *Lancet. 1987 Feb 21;1(8530):455-6.*
Prevalence of amoebic antibody in population affected by epidemic non-A, non-B hepatitis.
Tandon BN, Gandhi BM, Irshad M, Acharya SK, Joshi YK.
Department of Gastroenterology and Human Nutrition, All India Institute of Medical Sciences, New Delhi. .

Abstract

Even though HAV, HBV and HNANB viruses are responsible for most of the viral hepatitis cases, many other viruses have been reported to cause hepatic injury. These viruses may involve the liver, either as part of a systemic illness (e.g. EBV, CMV, HSV) or as the primary target organ (e.g. yellow fever virus, Lassa fever virus, Ebola virus). Clinically overt hepatocellular dysfunction is rare in such viral infections. Biochemical disturbance of hepatic functions shown, for example, by rises in AST and ALT, is a frequent event and indicates hepatic damage. Morphological changes of the liver include varying degrees of hepatic necrosis with a paucity of inflammatory activities. Intranuclear or cytoplasmic inclusion bodies may be characteristic findings in these diseases. Laboratory diagnosis depends upon serology and liver histology. Treatment is still largely supportive in most of these diseases, although recent trials of antiviral agents show promise against some viruses. Chronic sequelae, such as cirrhosis or hepatocellular cancer, are not encountered. More work is needed to elucidate the pathogenesis of hepatic injury in these illnesses.

Reference

B. M. Gandhi, M. Irshad, T C Chawla, B N Tandon Enzyme linked protein-A: an ELISA for detection of amoebic antibody. Transactions of the Royal Society of Tropical Medicine and Hygiene 81(2):183-5, 1987