

Chronic hepatitis in a large Indian hospital

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Chronic hepatitis in a large Indian hospital

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Abstract

Background: In developed countries as well as in Southeast Asia, the hepatitis B and C viruses are the main causes of chronic hepatitis. In India, however, there have been no major investigations on the aetiology of chronic hepatitis. (The hepatitis E virus which is responsible for half the sporadic and most of the epidemic cases of acute viral hepatitis in India does not cause chronic disease.) We, therefore, studied the profile of chronic hepatitis in India.

Methods: The clinical presentation, aetiology, serology and histological changes were studied prospectively in 48 patients with chronic hepatitis admitted to the All India Institute of Medical Sciences, New Delhi. Of these, 44 (92%) had chronic active hepatitis, 3 (6.3%) had chronic persistent hepatitis and 1 (2%) had chronic lobular hepatitis.

Results: The hepatitis B virus was the aetiological agent in 24 (50%) of these patients, the hepatitis D virus in association with hepatitis B virus in 10 (21%), the hepatitis C virus in 7 (15%) and the non-A, non-B viruses other than the hepatitis C virus in 6 (13%). One patient (2.0%) had autoimmune chronic active hepatitis. Jaundice at presentation was seen in 33 (69%) patients and more than half had hypoalbuminaemia (< 3 g/dl) with a prolonged prothrombin time. Alanine aminotransferase levels were less than 5 times above normal in over two-thirds of the patients. The highest alanine aminotransferase values were observed in patients with hepatitis D virus infection whereas the lowest were seen in patients with non-A, non-B related chronic active hepatitis. Histological examination revealed bridging necrosis in 40 (91%) patients with chronic active hepatitis indicating a severe form of disease. Replication of the hepatitis B virus was seen in 13 patients with chronic hepatitis, 5 of whom had hepatitis D virus-induced chronic hepatitis. Patients with hepatitis B virus replication had higher alanine aminotransferase values and more severe bridging necrosis than patients who did not have replicating viruses. Higher alanine aminotransferase values, ascites and oesophageal varices were encountered more frequently in patients with hepatitis B and D virus than in those with non-A, non-B related chronic hepatitis.

Conclusion: Chronic hepatitis is not uncommon in India. It presents with evidence of severe disease and, as elsewhere, is most frequently caused by the hepatitis B virus.

Reference:

Tandon, B.N., Gandhi, B.M., Joshi, Y.K., Irshad, M. and Gupta, H.: Hepatitis virus non-A non-B: The cause of a major public health problem in India. Bulletin World Health Organisation 63: 931-934, 1985