

S U M M A R Y

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Viral hepatitis

Viral hepatitis is a major health problem among infants and children.

There are four agents of viral hepatitis (hepatitis A virus, hepatitis B virus, hepatitis C virus and hepatitis D virus).

There are many viruses other than hepatitis agents cause the disease as herpes virus, infectious mononucleosis virus and others.

Children are particularly prone to anicteric and subclinical hepatitis, in which fatigue and anorexia may occur. Icterus, dark urine, or acholic stools appear in the more severe cases.

A history of exposure to hepatitis, food or use of blood transfusion or blood products should be sought.

Hepatomegally and liver tenderness may present. In many cases, hyperbilirubinaemia or bilirubinuria occurs. Elevated glutamic oxaloacetic or pyruvic transaminases levels are the most helpful laboratory findings.

Hepatitis A antibody may be detected by the immune adherence haemagglutination test.

Hepatitis B infection is characterized by the presence of hepatitis B surface antigen in the blood and body fluids, although a chronic carrier state can also exist.

Tests for antibody to HBs Ag or to hepatitis B core antigen may also be helpful.

Tests for the other disorders mentioned above are indicated when the diagnosis of viral hepatitis is in doubt.

Jaundice presenting in the neonatal period is suggestive of congenital infection or haemolytic disease, malformations or a metabolic disorder and requires a different and more urgent diagnostic approach.

Acute fulminating hepatitis, chronic active hepatitis, chronic persistent hepatitis, aplastic anaemia and hepatocellular carcinoma are the most serious complications of hepatitis.

Passive immunization with immune serum globulin is effective in preventing infection of contacts of patients with hepatitis A. This is indicated particularly for who are at greater risk of severe infection.

Immune serum globulin may protect against infection with hepatitis B and should be considered for those having known

or potential parenteral contact with infective blood and for those having intimate physical contact with infected persons.

Hepatitis B vaccine is indicated in haemolysis patients, Down's syndrome, babies born to HBs Ag-positive mothers, all people at serious risk and in prevention of Delta virus.

Viral hepatitis is a self limiting disease, consequently it has no specific treatment but has a supportive treatment includes:

- Isolation and bed rest.
- High in proteins and carbohydrates diet and low in fats.
- Corticosteroids has no evidence in acute hepatitis but used in acute fulminant hepatitis and in chronic active hepatitis.