# CASE 37

**ID/CC** A 19-year-old man complains of headache, **malaise**, nausea, vomiting, **loss of appetite**, and **fever** with chills for the past week.

**HPI** He also complains of passing **dark-colored urine** and clay-colored stool.

**PE** VS: fever (39.2°C); mild tachycardia (HR 105); normal BP. PE: **icterus; tender hepatomegaly**.

**Labs** CBC: normal. LFTs: **AST and ALT markedly increased**; mild elevation in alkaline phosphatase and bilirubin. **Anti-HAV IgM present**.

**Pathogenesis** The causative agent is hepatitis A virus (HAV), an RNA virus of the picornavirus family; it is transmitted by the **fecal-oral route** and produces an acute viral hepatitis. Unlike hepatitis B and C virus infections, **chronic hepatitis A infection does not occur**. Anti-HAV IgG confers immunity.

**Epidemiology** HAV transmission is enhanced by poor personal hygiene, contaminated food, and certain sexual practices. **No HAV carrier state has been identified**, and inapparent subclinical infection maintains the virus in nature. Affected children are often asymptomatic, with more severe disease typically occurring in adults.

**Management** **No specific treatment. Rest** during the acute phase. Hospitalization may be required for severely ill patients. Alcohol, high fat intake, and drugs that produce adverse effects on the liver or require liver metabolism should be avoided. Give hepatitis A and B vaccine to travelers to endemic areas, patients with chronic liver disease, homosexual men, and animal handlers. Hepatitis A immune globulin is available for postexposure prophylaxis of all close personal contacts.

**Complications** Relapse occurs only rarely but remains self-limited (hepatitis A). Rare complications include myocarditis, cholestatic hepatitis, pancreatitis, aplastic anemia, atypical pneumonia, transverse myelitis, and peripheral neuropathy. Fulminant hepatitis is very rare; risk factors include increasing age and chronic liver disease.