

A Case of anicteric hepatitis by acute HBV infection

Anicteric hepatitis of lactating mother caused by acute viral hepatitis B – resolved spontaneously without any eventful effect of neonate, but obscures the source of HBV

THE SCIENCE OF HBV CURE MEETING 2021 ONLINE

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History: Mrs. Hamida, 26 years old, housewife, nonalcoholic, normotensive, nondiabetic, HBsAg negative lactating mother coming to the outpatient department (OPD) on 10th June, 2021 complaining of anorexia and nausea for 10 days. She has no history of yellow colouration of eye and urine, fever, hepatotoxic drug taking. She denied any altered consciousness, itching, haematemesis and melaena. On query, she gave H/O caesarian section on 10th Jan. 2021 and took 3 unit blood transfusions (BT) before delivery. Regarding the baby, she had followed the immunization schedule of the child, continued breastfeeding, feeding habit, bowel and bladder activity were normal. With these complaints, we advised several investigations (SGPT, SGOT, Bilirubin, USG of whole abdomen) and treated them conservatively such as bed rest, and anti-emetic. After getting high transaminase we included UDCA and further advised for viral markers (Anti HAV IgM, Anti HEV IgM, HBsAg, Anti HBc IgM, Anti HCV) and Prothrombin time (PT). Then she gave advised for follow up after 14 days interval with repeat liver test (SGPT, SGOT, Bilirubin)

Examination: On the patient is not icteric, flap absent. Abdominal examination reveals tender hepatomegaly.

On a follow up visit, she was feeling well and appetite improved with absence of tender hepatomegaly. The health status of the child was normal.

Investigations: Revealed high transaminase (SGPT-1202U/L, SGOT-787U/L), slightly elevated bilirubin (1.4mg/dL). No abnormalities found in US and PT. Anti HBc IgM positive, but other viral other markers were negative.

On follow up investigations (14 days later) revealed normalization of liver enzymes (SGPT-29U/L, SGOT-14U/L, Bilirubin-0.4mg/dL)

Investigations at a Glance		
Liver Test	06-06-2021	24-06-2021
SGPT	1202 U/L	29 U/L
SGOT	787 U/L	14 U/L
Bilirubin	1.4 mg/dl	0.4 mg/dl
Prothrombin Time (PT)	15.6 Seconds (Control 12.0 Seconds)	
Viral Marker (10-06-2021)		
Anti HAV Igm	Negative	
Anti HEV Igm	Negative	
Anti HBc Igm	Reactive	
Anti HCV	Non-Reactive	
HBs Ag	Negative	
USG of W/A	Normal Study	

Questions:

1. Is it reactivation of occult HBV infection where pt. could have Anti HBc(T) positive probability due to operation or BT? If it occurred, how is it possible?
2. When and what investigation can we do for confirmation of HBV cure as a patient's future benefit?