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PLEURAL EFFUSION: A RARE COMPLICATION OF HEPATITIS A

Hepatitis A (HAV) infection, which is the most common form of hepatitis in the paediatric age group and which sometimes has a fulminant course, is endemic in Turkey, constituting one of the country’s important health problems. Pleural effusion also represents a rare benign complication of acute HAV infections. We describe here a case of Hepatitis A who developed pleural effusion.

Key words: Hepatitis A, pleural effusion

Hepatitis A (HAV) is a common illness, with prevalence rates highest in areas with limited hygiene and sanitation practices. In developing countries, where infection is endemic, most people are infected during the first decade of life. The illness is self limited, and severity is age dependent. One of the rare extrahepatic complications of hepatitis A is pleural effusion. [1-4]. The pleural effusion is a rare and benign complication of hepatitis A (HAV), and its appearance doesn’t seem to correlate with seriousness of illness in children. To the best of our knowledge, only ten cases associated with HAV have been previously reported (2-8) We present a case of HAV complicated by pleural effusion.

Case Report

A 7-year-old girl was referred to the Department of Pediatrics of the Faculty of Medicine of Afyon Kocatepe University for abdominal distension, fever, vomiting and jaundice of the skin and sclera. Six days earlier, she complained of headaches, vomiting, anorexia, abdominal pain and mild fever. She had been previously well. On physical examination, the body temperature was 37.5 °C, heart rate was 88 /minute, respiratory rate 26/minute and moderate jaundice of the skin and sclera was present. The abdomen was mildly distended. The liver was palpable 3 cm below the costal margin in midclavicular line and tenderness was present. The spleen was not palpable. Breath sounds had decreased prominently at the base of right lung. All other physical examination findings were normal.

On admission, the laboratory studies showed WBC count 6550/µL, with 60% lymphocytes, haemoglobin 12.8 g/dL and platelets 199 000/µL. The blood urea nitrogen, electrolytes, glucose levels were normal. Aspartate aminotransferase was 120 U/L, alanine aminotransferase 434 U/L, gamma-glutamyl-transferase 115 U/L, total bilirubin 8.2 mg/dL and conjugated bilirubin 6.7 mg/L. Total protein was 7 g/dL and albumin was 3.3 g/dL. Prothrombin time was 14 seconds and activated partial prothrombin time 28 seconds. The results of urine analysis showed 2+ value of bilirubin, but no protein. Sediment was normal. Anti-HAV IgM antibodies and anti-hepatitis B surface antigen antibody were detected. HAV IgG, hepatitis B surface antigen, hepatitis B-e antigen, anti-hepatitis B-e antigen antibody, anti-hepatitis B core antigen antibody IgM, anti-hepatitis C virus, anti hepatitis E virus were negative. Serological analysis for cytomegalovirus and Epstein Barr virus were negative. Chest radiograph showed consolidation of the right lower lobe, and thorax ultrasound revealed a pleural effusion in the right chest (Fig. 1). Abdominal ultrasound revealed mild hepatomegaly with normal echogenicity and normal echotexture, right-sided pleural effusion. Thorax CT showed pleural effusion at the posterobasal segment of right lung (Fig. 2). Twelve days
Figure 2: Thorax CT showed pleural effusion at the posterobasal segment of right lung

after discharge, chest X-ray showed complete resolution of pleural effusion. Level of liver transaminases declined to the normal and the girl recovered completely in 15 days.

Discussion

Several extrahepatic complications have been described in children with hepatitis A, however, pleural effusion due to hepatitis A infection is a rare complication during childhood. It is reported to occur during the early period of the disease. Acute viral hepatitis A usually has a mild course that is subclinical and anicteric in childhood, but it may be the cause of complications associated with many organs and systems. The clinical symptoms of acute hepatitis A are indistinguishable from those caused by other forms of viral hepatitis. Particularly in older children, the onset of illness often is quite abrupt and may consist of fever, myalgia, anorexia, malaise, nausea, intermittent dull pain, vomiting and headache.[1]

Pleural effusion is a rare complication of acute hepatitis. To the best of our knowledge, only ten cases associated with HAV have been previously reported.[2-6] The first case was reported in 1971.[7] The exact pathogenesis of the effusion is unknown. It seems likely that it is related to infectious inflammation of the liver rather than to the immune complexes. Other serosal surfaces were involved and there was evidence of glomerular involvement.[9] Pleural effusions do not appear to be associated with more severe disease and resolve spontaneously.[2-5] In our patient, pleural effusion was not accompanied by ascites and other serosal membrane fluids. A possible conclusion by Tesovic et al. is that pleural effusion is a benign and early complication of acute hepatitis A infection that resolves spontaneously regardless of illness outcome.[5] With this case, we want to emphasize that even though pleural effusion is rarely seen during the course of hepatitis A, hepatitis A should be considered in differential diagnosis in the patients who are admitted for pleural effusions. Pleural effusion accompanying hepatitis A infection tends to resolve spontaneously.

References


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