

### What is hepatitis

- Aetiology
- Clinical, virological
- Hepatitis due to CMV
  - Disease pathogenesis
  - Clinical
- 3. Hepatitis due to EBV
  - Pathogenesis
  - Clinical
- 4. Hepatitis due to other viruses
  - principles
- 5. Diagnosis
  - Laboratory principles







**OUTLINE** 

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OUTLINE

# Hepatitis

- · Syndromic diagnosis
  - > Hepatitis = 'inflammation of the liver' and not a single disease
- Aetiology viruses
  - » drugs
  - » secondary manifestation of systemic illness
  - » connective tissue diseases
  - » other agents
- There are 15 virus families infect and damage hepatocytes, most have 1-2 species only





# Hepatitis definitions

- Acute: Short term
- •Chronic: Lingering or lasting > 6months, can be severe
- Fulminant: Develops quickly, high mortality rate
- •Cirrhosis: Hepatic scarring any cause
- Jaundice: Yellowing of the skin, eyes due to raised levels of bilirubin in the blood due to liver damage





# Hepatitis epidemiology

- •Acute viral hepatitis is common
- •Annual incidence of viral hepatitis

developed countries is 0.25 per 1000 population underestimate - correct figure 1-2 cases per 1000

higher in developing countries

•Mortality overall is 1% for hepatitis infection higher in older people, especially fulminant disease





# Hepatitis – acute viral

- •Due to all forms of hepatitis virus
- •Hepatitis A, EBV, CMV and HHV6 only cause acute hepatitis.
- •Presentation with malaise, anorexia, nausea, vomiting, RUQ pain or asymptomatic
- •Examination jaundice

dark urine pale stools

virelogy



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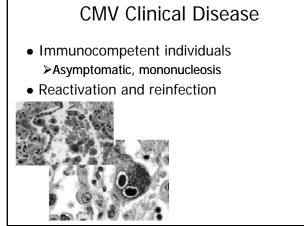


# Herpesvirus Subfamilies

Sub-family	Host Range	Growth Cycle	Cytopathic Effect	
HSV1, 2, VZV α	Variable Broad	Short	Cell lysis	
CMV, HHV6, 7 β	Restricted	Long	Cytomegalia	
GBV, HHV8 γ	Restricted	Medium	Cell lysis	

# Primary infection • Lytic gene expression • Infectious virus released Latency • Limited gene expression • No infectious virus • Latent virus activated • New progeny infectious virus

# Primary Modes of CMV Transmission Primary Modes of CMV Transmission In fetus, perinates, neonates: Exposure to maternal blood (in utero), cervix, breast milk Close contact as in day care centers Sexual transmission, close contact



### **CMV Clinical Disease**

- Immunocompromised individuals
- HIV AIDS patients
- Transplant patients
  - ➤ Reactivation of previous infection and primary infection by donor strain
- GIT disease, CNS encephalitis, retinitis, hepatitis, myocarditis, pancreatitis, organ rejection and pneumonitis

# CMV hepatitis clinically

- Usually associated with mononucleosis (not always)
- Usually asymptomatic
- Granulomatous hepatitis
  - Also fever, vomiting
  - Large numbers of atypical lymphocytes (50%)
  - Scattered microscopic granulomas ?CMV





[Snova 1984]



# CMV hepatitis pathology

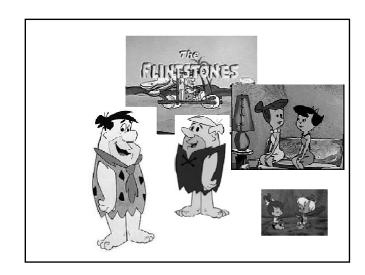
- Mononuclear portal and sinusoidal infiltrate,
- Increased hepatocellular mitotic activity
- Minimal hepatocellular necrosis
- Less commonly
  - granuloma formation
  - bile duct epithelial damage
- Typical CMV nuclear inclusions and CMV antigen identified 1/6
- Large numbers CD8+ cells (persistence) or NK cells (clearance)



[Snova 1984]



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### EBV clinical presentation

- Usually subclinical childhood
- 90-95% adults seropositive
- 50% of <5 yrs seropositive
- Glandular fever
- Haematologic presentation
  - Haemolytic anaemia AIHA
  - Thrombocytopaenia
- Splenic rupture
- **CNS <1%** 
  - **Encephalitis**
  - **Guillain Barre**
  - Bell's palsy
  - Transverse myelitis











# EBV clinical presentation

- **Hepatitis presentation** 
  - Usually biochemical hepatitis
  - Asymptomatic elevation of AST, ALT, GGT
  - Present in 85% of patients
  - Jaundice rare
- Severe hepatitis
  - Cirrhosis, hepatic failure rare
  - Severe unlikely
- Other complications
  - Cardiac rare myo/pericarditis
  - Respiratory rare unsubstantiated
  - Death rare
  - Tumours OHL, Burkitt's Hodgkin's, virology



# EBV hepatitis pathology

### Liver

- Mild changes
- Hepatocyte swelling, vacuolization minor
- Lymphocytes and monocytes periportal
- Biliary stasis rare

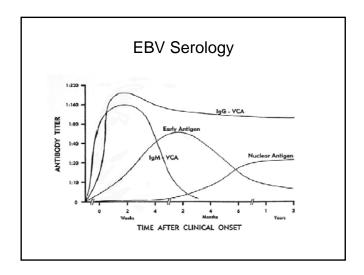
### **CNS**

- Alterations in fatal cases
- Neuronal degeneration, mononuclear infiltration minor, astrocyte proliferation
- Generalised









## **EBV** virology

- · Gamma-1 herpesvirus
  - Infects epithelial cells, ? then B lymphocytes
  - Marked CTL response seen as atypical monos
  - Binds CD21(C3d complement receptor) via envelope gp350 + MHCII via gp42
  - Latency in B cells (1-50 per 106 cells)

    virelogy



### **EBV** virology

- · Gamma-1 herpesvirus
  - EBV driven B lymphocyte proliferation/immortalisation
  - · Episomal maintenance
  - Type A and B indistinguishable serologically
  - Different proteins expressed during latency LMP1, LMP2, EBNA x 6, EBER x 2





# **EBV** virology

- · Shedding oropharynx
  - Healthy adults 10-25%
  - Infectious mononucleosis syndrom 50-100%
  - HIV-1 infected 50%
  - Renal tx recipients 50-70%
- Spread
  - Intimate contact
  - · Not recovered from fomites
  - Post pump sydrome (most CMV)





# Atypical lymphocytosis DDx

- EBV infectious mononucleosis
- · CMV primary infection (heterophile neg)
- HHV primary infection (roseola infantum)
- HIV primary infection
- · Toxoplasmosis primary infection
- Viral hepatitis A/B/C
- · Rubella
- Mumps
- Drug reactions







# **EBV Serology**

- Potential cross-reactivity with HAV
  - HAV IgM co-detected with EBV IgM in 9/15 cases [Naveau 1985]
  - 4/9 were RA +ve
  - EBV IgM acute hepatitis, 0/5 HAV IgM +ve [Naveau 1985]
  - EBV reactivation during HAV [Ritter 1996]
- Potential cross-reactivity with autoimmune
  - EBV +ve post AIH in 7/13 [Vento 1995, Cabibi 2008]









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- 15 families
- **Herpesviruses** 
  - HHV6 vzv
  - **Adenovirus**
- **Flaviviruses** 
  - Dengue, Yellow fever (HCV)
  - Akhurma virus, Kyasanur Forest disease, Omsk Hemorrhagic fever
- **Picorna** 
  - **ECHOvirus (HAV)**
- **Arenaviruses** 
  - Guanariot, Junin, Lassa fever, Lujo, Mchuip, Sabia







- **Bunyaviruses** 
  - Crimean-Congo haemorrhagic fever, Dobrava, Hantaan, Pumala, Rift Valley fever, Seoul, SFTS
  - VZV
- Coronaviruses
  - SARS
- **Erythrovirus** 
  - Parvovirus B19
- **Filoviruses** 
  - Ebola, Marburg
- Orthomyxoviruses
  - Influenza
- Reoviruses
  - · Colorado tick fever, Reovirus









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# Viral hepatitis investigations

•General liver tests (bilirubin, AST, ALT, GGT)

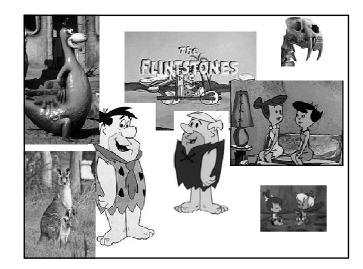
bleeding studies

exclusion of non viral causes

rule out mechanical obstruction (abdominal US,CT)

PSpecific tests
 HAV (IgM, IgG)
 HBV (HBsAg, HCV Ab, HBe Ag, DNA PCR)
 HCV (Ab, PCR)
 HDV (HBsAg, HDV Ab)
 HEV (western blot)
 CMV (IgG IgM IgG avidity)
 EBV (IgG IgM IgG avidity)
 HHV6 (PCR)











How to smoke Winston cigarettes in the closing credits



What did the Flinstones teach us?

What were the names of the main characters?



Barney Rubble Betty Rubble Bamm-Bamm Rubble







What did the Flinstones teach us?

What were the names of the main characters?

What were some of the prehistoric gadgets?



What were some of the prehistoric gadgets?

a baby woolly mammoth used as a vacuum cleaner an adult woolly mammoth acting as a shower by spraying water with its trunk

elevators raised and lowered by ropes around brontosauruses' necks

"automatic" windows powered by monkeys on the outside birds acting as "car horns," sounded by the driver pulling on their tails or squeezing their bodies

an "electric" <u>razor</u> made from a clam shell, vibrating from a honey-bee inside

a pelican as a <u>washing machine</u>, shown with a beakful of soapy water

a woodpecker whose beak is used to play a gramophone record



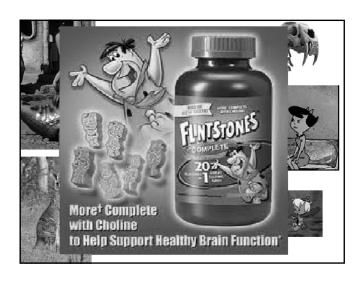
What was the town where they lived called?

What was the other name for the town where they lived?



What was the town where they lived called? BEDROCK

What was the other name for the town where they lived? ROCKVILLE





# **Blood Supply testing**

- Mainly viral
- Ignores persistent non-threatening viruses
- Constantly changing
- Role of emerging viruses





HEPATIT VIRUS A	IS ACUTE HEPATITIS +	CHRONIC HEPATITIS 0	FULMINANT HEPATITIS +	CIRRHOSIS	нсс
В	+	5-10%	+	+	+
С	+	75%	+	+	+
D	+	<5% 50%	+	+	+
E	+	0	+	-	-
G	+	20%	-	-	-
TTV	+	60% virelog	2	-	



