CLINICAL CASE

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ACUTE HDV INFECTION ON THE BACKGROUND OF CHRONIC HDV-INFECTION IN PREGNANT WOMAN

ABSTRACT

Republic of Sakha (Yakutia) is the region with threatening situation in viral hepatitis' morbidity. According to chronic viral hepatitis register of Yakutia in 2016 14391 cases had been registered (without HBV carriers – 580), HBV – 6404, HCV – 6224, HDV – 889, mixt – 821, unverified – 57, with liver cirrhosis – 544 and with primary liver cancer – 69. Majority belongs to HBV-infection (44%) [2,5].

Variant of mixt-infection in pregnant is HDV (delta-hepatitis). This virus had been discovered in 1977 by M. Rizetto and his distinguish is he needs HBV to replication process [1,3,4]. Special value belongs to vertical transmission (from mother to child), 25% of carriers infected in perinatal period [3,6,7].

Aim of study is description of acute HDV infection on the chronic HBV-infection background case.

MATERIALS AND METHODS

Information from in-patient and outpatient medical records in Yakutsk city clinical hospital viral hepatitis department and medical records about pregnancy and delivery (National center of Medicine) had been investigated. Full specter of clinical, instrumental, serological and molecular methods had been used.

Clinical case:

We present clinical case of HDV superinfection on the background of HBV in pregnant woman.

Z., 26 years, delivered by medical aviation from Ust'-Aldan Central hospital with directional diagnosis: Pregnancy 21 week. Head presentation. Compromised obstetrical anamnesis. Threatening of premature delivery. Pregnancy hepatosis? Chronic HBV-infection. 1st degree anemia.

From anamnesis: fatigue during last month, low appetite, weight decreasing for 2 kg, jaundice and itching, leg swelling. Hospitalized with complaints to cramping pains in the lower abdomen, bloody spotting. By medical aviation transported to National Medical Center Dept. of obstetrics. There complaints low appetite, weight decreasing for 2 kg in last 2 weeks, pyrosis, itching, contractions during 30-25 sec. after 2-4 minutes. No anamnesis of acute viral hepatitis and chronic viral hepatitis B. HBsAg discovered in first time during current pregnancy. Told about chronic B hepatitis in mother.

12.11.2016 independent premature delivery. Male, 1880 gr., Apgar scale 7/7 pts.

In blood biochemical analysis 12.11.2016: total protein 65,3 g/L, albumin – 32,6 g/L, bilirubin – 118 umol/L, urea – 2,6 mmol/L, creatinine – 62,8 umol/L, ALT – 360 U/L, AST – 390 U/L.

Condition is heavy. Bright concision. Skin pale with excoriations. Treatment with heptral 400,0 IV, enterosorbents, desintoxication 800 ml/day.

18.11.16 abdomen US and MRI: diffuse changes of liver (fatty hepatosis), chronic cholecystitis.

In dynamics after 3 days worsening of analysis: bilirubin – 213,0 umol/L, ALT – 1535 U/L, AST – 2848 U/L, ALP – 256 g/L, PTI – 54%. After infectionist's consultation transferred into infectious disease department with diagnosis: independent premature delivery on 31st week. Heavy preeclampsia. Signs of intrauterine fetal hypoxia. Liver lesion. Chronic B hepatitis.

State on transfer moment is severe.

In ELISA 21.11.16: HBsAg – pos., anti-HBcAg – neg., HBeAg - neg., anti-HDV – neg., anti-HCV – neg., PCR HBV-DNA <750 copy/ml, HCV-RNA – neg., ELISA 24.11.16 – anti-HAV IgM - neg., anti-HAV IgG – pos. PCR 29.11.16 – HDV RNA – pos., HBV DNA <750 copy/ml.

Clinical diagnosis: Acute HDV-infection on background of chronic HBV-infection, jaundice form, medium severity. Chronic cholecystitis in remission. Chronic pyelonephritis.

After medication discharged on 20 day with satisfying state. Recommended: outpatient state monitoring and HDV antiviral therapy. Baby vaccinated by individual scheme and now on artificial feeding. Now HBsAG-negative.

CONCLUSION

Republic of Sakha (Yakutia) is the region with threatening situation in chronic HBV and HDV morbidity.

This case demonstrates adverse pregnancy due to acute HDV-infection on the chronic HBV-infection background. Pregnancy finished by premature delivery. Considering epidemiological situation, we have to study all pregnant women to HBV and HDV infections, also all women with HBV infection to anti-HDV, be threatened during pregnancy and prevent bleeding, vaccinate child by specific immunoglobulin and proceed antiviral therapy if necessary.

Continuity in work of infectionists, obstetrics, and pediatricians is most important. Advanced measures in hemocontact viral hepatitis is necessary – revaccination in risk groups with postvaccian screening, perinatal prophylaxis, development of epidemiologic observation additional measures and special programs of treatment and prevention.

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