

Hepatitis E and Immunosuppression

Samina Hussain, Graham A Stewart - Department of Renal Medicine

Introduction

The incidence of Hepatitis E in the UK transplant population is not known. There is risk of missed or late diagnosis as demonstrated in this case series.

Aims

To raise awareness of hepatitis E in transplant and other immunosuppressed patients

Methods

We reviewed cases that presented with isolated rise in ALT in the past year. Of the 4 cases found three had received kidney transplants and one patient had ANCA associated vasculitis; this patient had received significant immunosuppression over the last 10 years.

Results

Of the 4 cases reviewed 2 had acute illness with spontaneous resolution. The other 2 cases had had several months of fluctuating ALT. Subsequent testing proved positive for Hepatitis E and following treatment for 3 months complete viral clearance was achieved.

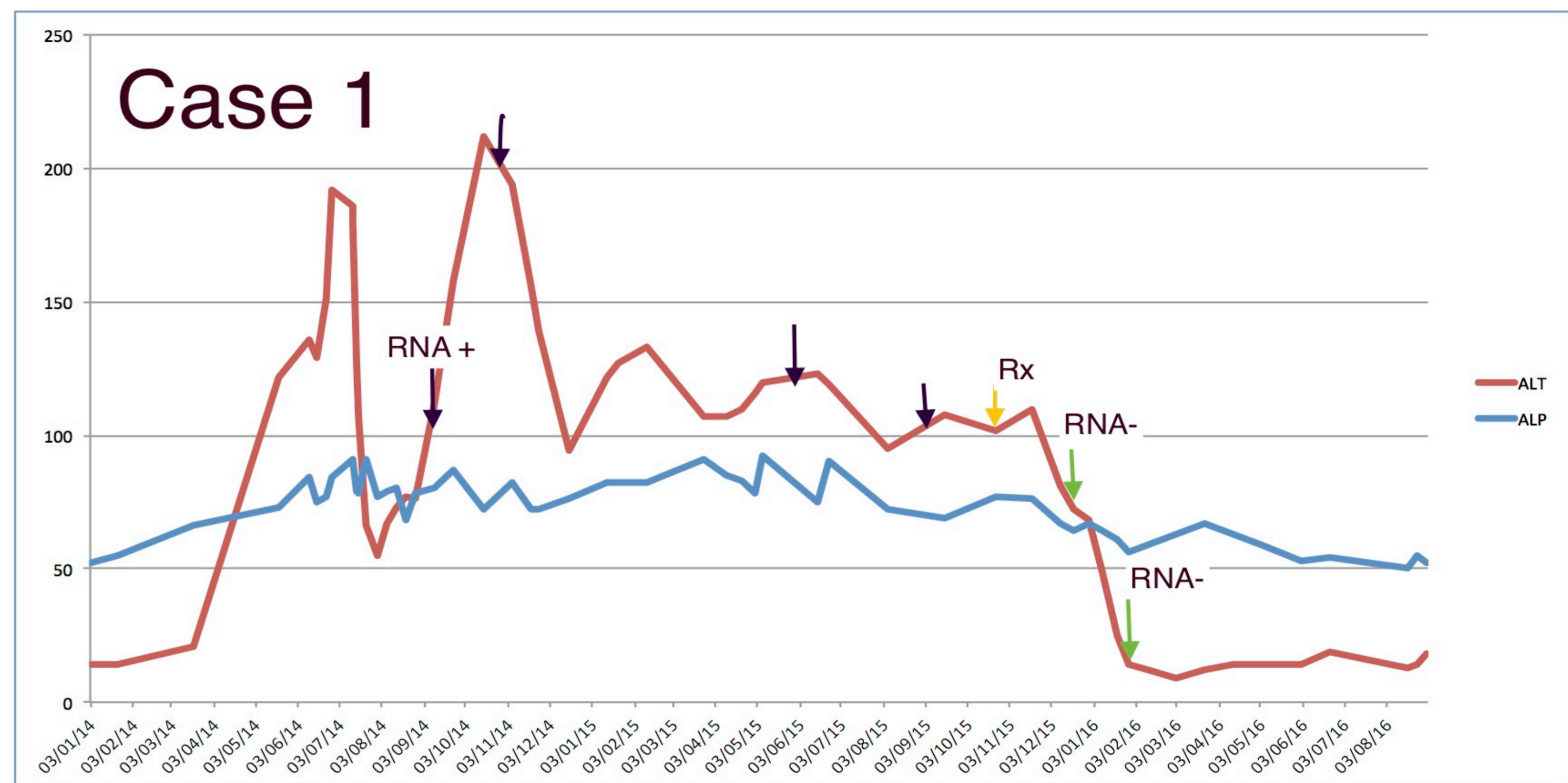
Conclusion

Hepatitis E should be considered in all immunosuppressed patients with abnormal LFT'S and not be routinely attributed to drug treatment or Non Alcoholic Steatohepatitis as was done in all 3 transplant patients. As Hep E in the immunocompromised can cause chronic hepatitis and cirrhosis if not treated, initial viral clearance can be achieved by reduction of immunosuppression. When this is not possible monotherapy with Ribavarin¹ for 3 months can clear the virus in most cases.

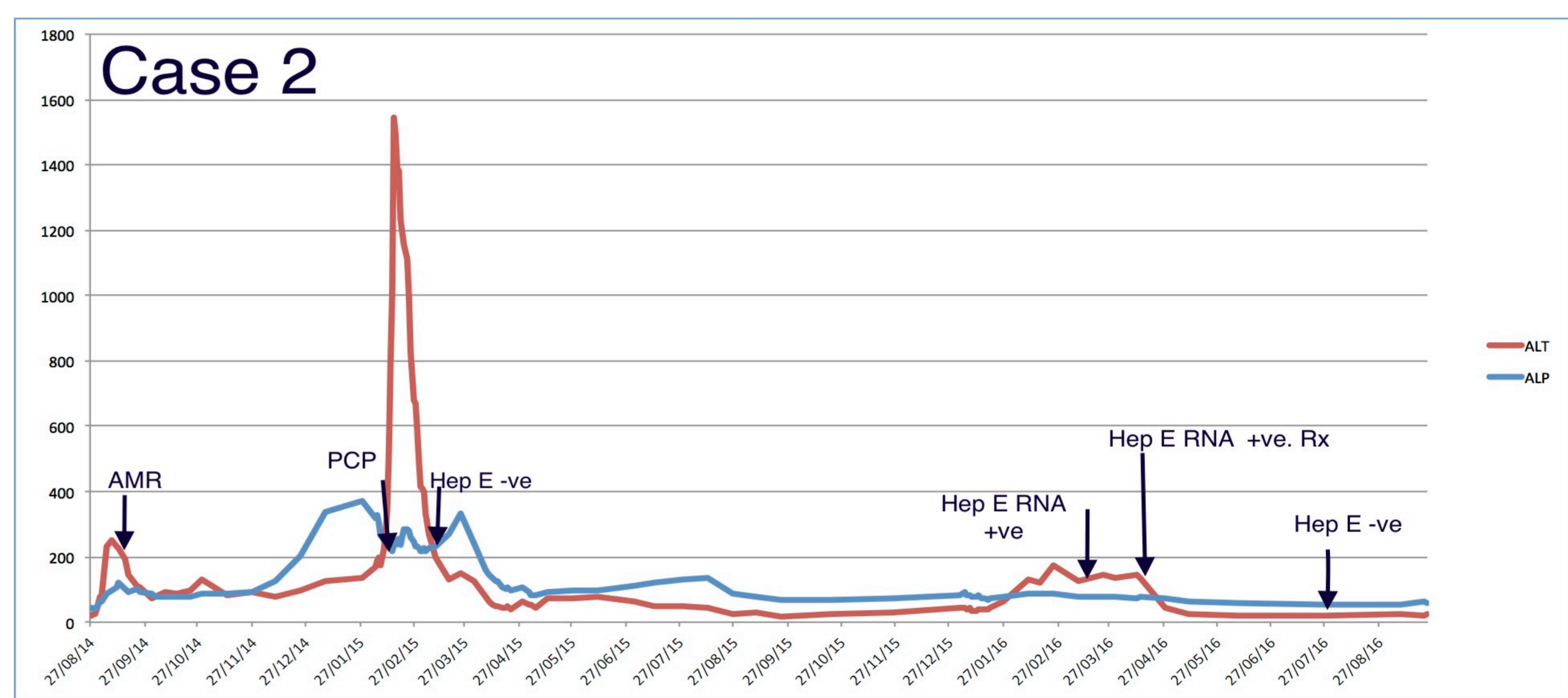
References

[1] Kamar, Nassim, et al. "Ribavirin for chronic hepatitis E virus infection in transplant recipients." N Engl J Med 370:1111-1120. (2014)

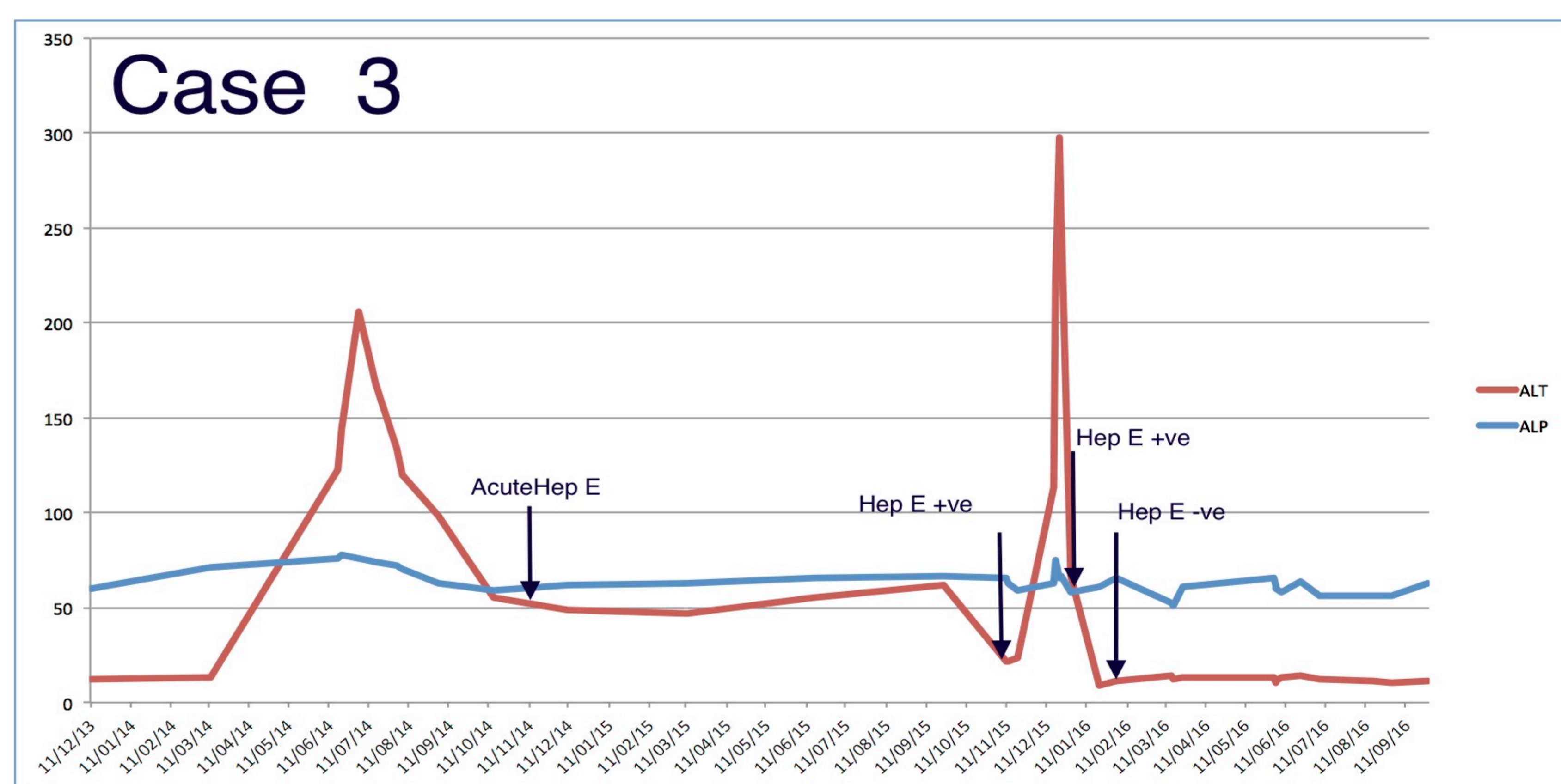
Data



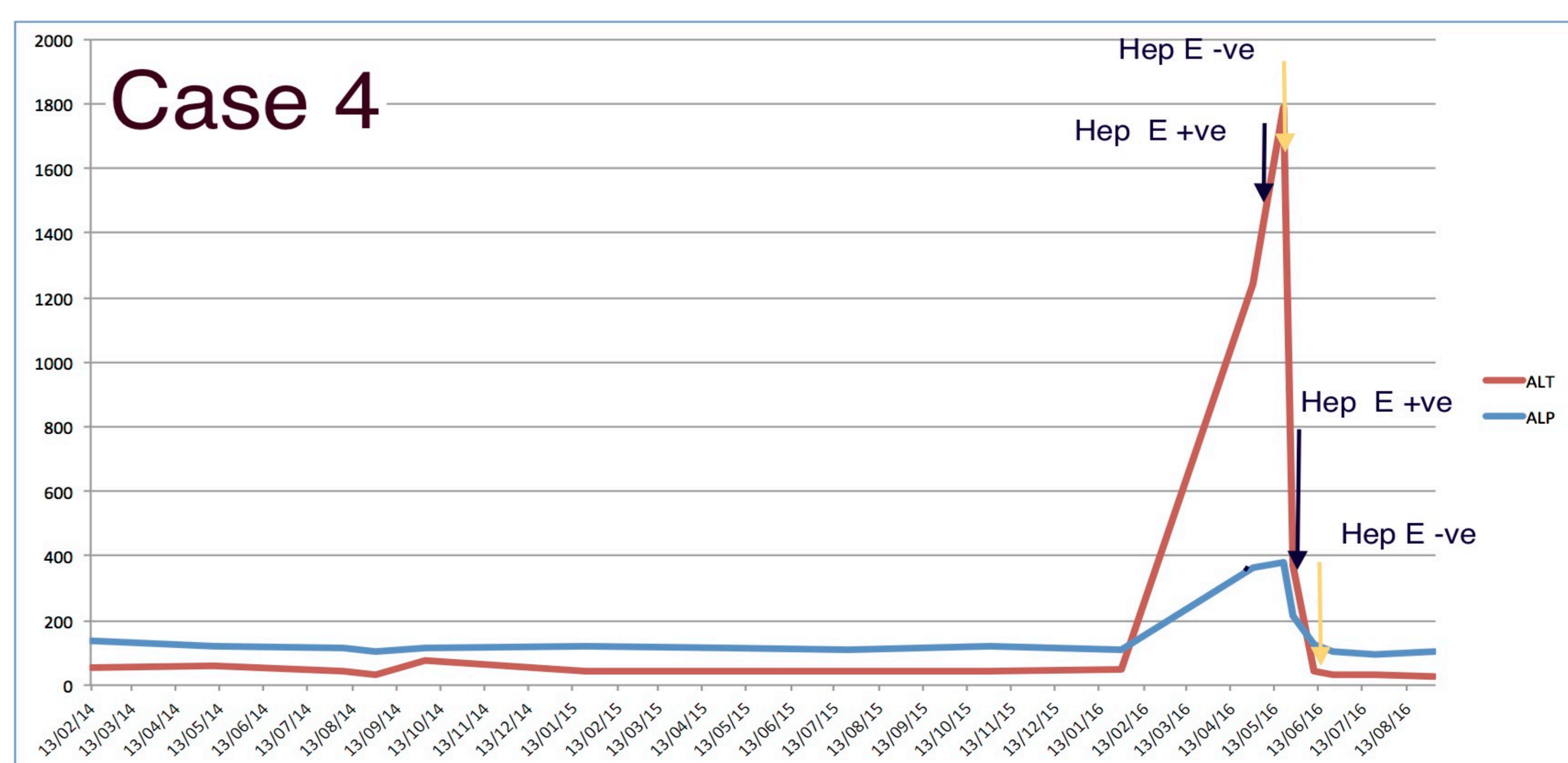
C.E 2nd cadaveric Tx. Treated with 3 months of Ribavarin



J.H live unrelated Tx. Treated with 3 months of Ribavarin



J.S live related Tx. Spontaneous resolution



E.J. MPO +ve vasculitis. Spontaneous resolution