

POST TRANSFUSION HEPATITIS. CLINICAL-EVOLUTIVE ASPECTS

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Among the 994 cases of acute viral hepatitis hospitalized in our clinic in the 1993-1994 period, 24 of them, aged above 16, presented post-transfusional hepatitis. Two of them were confirmed to be of B-type, the other 22 cases, all with a short incubation period (30-40 days), being taken under study with a view to specify the etiology of the disease and to assess its evolution in the acute phase and during dispensarization (assessing its chronic potential). The etiology was specified after detecting the HBs AgHBs) antigen and the antibodies anti HCV using a MUREX Kit by "Elisa" method. The results were: 9 cases of hepatitis of C-type (HCV) and 13 cases of hepatitis of B+C type. All the patients involved had extremely

rich personal pathological antecedents: 6 patients presented malignant hematological diseases (medular aplasia, lymphous leukemia), 5 had neoplasms of different determinations, 7 suffered severe surgical interventions (gastric resections, torn ectopic pregnancy etc.), 2 patients were multitraumatized. The short incubation period, the sinuous evolution of the transaminases values (without a tendency towards hepatic insufficiency) as well as the failure to recognize the HBV antecedents suggested that HCV appeared in patients probably carriers of AgHBs. Clearing up the diagnosis of the double etiology hepatitis was not possible, provided that there were no material possibilities to determine other viral markers. The medical treatment of the cases under study consisted in administering the hepatotropes, the corticotherapy being not necessary. More than 70% out of the 14 patients who were controlled in more than a year from the acute episode presented modifications - put into evidence by hepatic scintigraphy and abdominal echography - that suggested an evolution towards chronicization, although the subjective accuses were minimal. It should be necessary to prolong the HCV monitoring with half to one full year, to perform the hepatic biopsy (refused by the patients), and to order the treatment with Interferon α .