

NON-SPECIFIC SEROIMMUNE MARKERS IN THE SERIOUS FORMS OF ACUTE VIRAL HEPATITIS IN CHILD

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The serious forms of acute viral hepatitis (AVH) responsible for the mortality index of 1-3%, prove the reserved prognosis of the illness, especially in children and young people. Under the conditions of the progresses realized in the knowledge of etiopathogenesis and of the improving of prophylaxis and therapy methods, no radical changes have been registered as concerns the prognosis of the serious illness forms. The paper has undertaken to study the non-specific seroimmune factors in children with serious forms of AVH, for the purpose of establishing some clinico-evolutive and prognosis correlations. Through the analysis of the

cases of AVH with seriousness signs from the last 5 years (1990-1994) we have selected 20 cases occurred in 0-15 years old children. The established etiology according to some clinico epidemiological criteria and in part on the basis of the specific seric markers, permitted the identification of 11 cases of AVH type A, 8 cases of AVH type B, 1 cases of AVH type C (posttransfusional, without HBs antigen). In 5 cases the illness developed on a "risky" territory (medular hypoplasia, leukemia, diabetes). The medium values and the dynamics of the non-specific seroimmune markers (fibronectine - FN, circulating immune complex - CIC, the C₃ fraction of the complement and the immunoglobulines G, A, M) put into evidence on the whole increased values of the CIC, immunoglobulines, decreased values of the C₃ fraction. In the AVH type A the inflammatory response is of the type of a polyclonal hyperglobulinemia, probably as a specific primary response of the inflammatory infiltrate from the hepatic stroma, besides the direct citopatic effect of the virus. In the AVH type B the response is similar but more delayed in connection with the proliferation of the Kupffer cells and the increasing of the lizosomal enzymes. The seric FN values are concordant with the clinical evolution, decreased in the staying period, more pronounced in the AVH type B and increasing or normalising, concordant with the favourable evolution. The data of the study plead for similar methods of response in the two etiological forms of AVH. The seric FN proves a sensible factor of prognosis.