

Aplastic Anemia: A Rare Presentation Of Chronic Hepatitis

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Citation

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Abstract

We report a case of aplastic anemia in a 52 year old patient. Aplastic anemia accounts for one of the rare complications of viral hepatitis. (2,3) Within recent years of the combination of aplastic anemia following viral hepatitis has been reported with increasing frequency suggesting the existence of a casual relationship between the two conditions.

INTRODUCTION

Hepatitis B (HBV) and C (HCV) viruses are well-recognized causes for chronic hepatitis, cirrhosis, and even for hepatocellular carcinoma. Apart from liver disease, these viral infections are known to be associated with a spectrum of extrahepatic manifestations. The prevalence of clinically significant extrahepatic manifestations is relatively low, but it can be associated with significant morbidity and even mortality. An awareness and recognition of these manifestations is of paramount importance in facilitating early diagnosis and in offering treatment. The aim of this article is to draw attention to this fact and considering hepatitis in every patient with Aplastic anemia.

CASE REPORT

A 52 years old man came to the outpatient clinic with the chief complaint of general fatigue and a permanent bruise over his left leg since a month. Hemoglobin was 12 g/dl and platelet count was 15,000 at that time. He was started on folic acid and ferrous sulfate one tablet a day for 3 months but no changes occurred.

Then, he came to a hematologist and bone marrow aspiration and biopsy were performed. The result was diminished cellularity and increased in plasma cells (aplastic anemia).

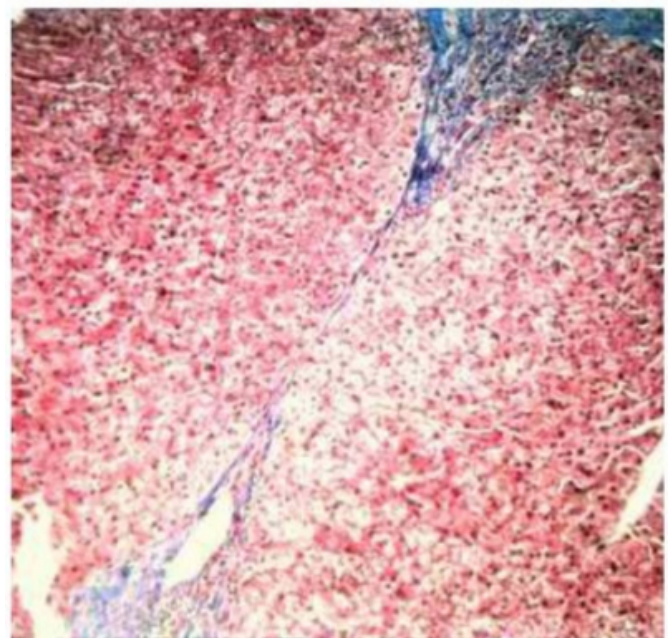
He was started on with Danazole a tablet a day for a year. Gradually he became icteric. He was referred to a gastroenterologist. At this time, he had a PT of 14/sec, INR of 1.8, Hgb of 11 mg/dl and Platelet count of 30,000 with target cells, polychromia and elyptocytosis. Viral markers were also found positive (HBs_{Ag}⁺, HBs_{Ab}⁻, HBe_{Ab}⁻ and HCV_{Ab}⁻). Liver biopsy showed hepatitis, chronic type with moderate fibrosis and porto-portal bridge formation ;(Score

14 in knodell system). (Fig.1)

Soon after, he was started Interferon-a injection for a year. At the end his AST was 56 IU/L and ALT was 72 IU/L. After all, Lamivudine have been started for three years till now.

Figure 1

Figure1: Liver biopsy specimen; chronic hepatitis with fibrosis and porto-portal bridge formation



DISCUSSION

Hepatitis B (HBV) virus is well-recognized cause for chronic hepatitis, cirrhosis, and even for hepatocellular carcinoma. Apart from liver disease, these viral infections are known to be associated with a spectrum of extrahepatic manifestations. The prevalence of clinically significant

extrahepatic manifestations is relatively low, but it can be associated with significant morbidity and even mortality. An awareness and recognition of these manifestations is of paramount importance in facilitating early diagnosis. (1)

Aplastic anemia accounts for one of the rare complications of viral hepatitis. (2,3) Recently, the combination of aplastic anemia following viral hepatitis has been reported with increasing frequency suggesting the existence of a casual relationship between the two conditions. (4, 5, 6)

The aim of this article is to highlight the fact that viral hepatitis should be kept in mind as a possibility in the presence of aplastic anemia, especially in a developing country like Iran and viral markers should always be checked to rule out the same.

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