Type: Poster Presentation

Final Abstract Number: 57.001
Session: Virology and Viral Infections (Non-HIV) I
Date: Friday, April 4, 2014
Time: 12:45-14:15
Room: Ballroom

Emphysematous cholecystitis: A rare complication of hepatitis A virus infection

C. Artuk[1], A. Karakas[2], O. Coskun[3], H.C. Gul[1], C.P. Eyigun[2]

[1] *Gulhane Military Medical Academy School of Medicine Hospital, Ankara, Turkey*
[2] *GMMA, Ankara, Turkey*
[3] *Gulhane Military Medical Academy, Ankara, Turkey*

Background: Acute hepatitis A virus infection, is a common infection, seen especially in childhood, in developing countries and is usually asymptomatic however rarely it can present with extra-hepatic manifestations.A 22-year old male presented to a primary care center with fever, nausea and vomiting and received a diagnosis of an upper respiratory tract infection. Four days after the onset of complaints, the patient's urine color darkened (tea color), and jaundice in the sclera was noticed.

Methods & Materials: In his abdominal examination, his liver crossed over the midclavicular line about 3 cm. There was significant pain and tenderness in the upper right quadrant. In laboratory evaluation the following findings were present; WBC count 11000/mm^3, AST 559U/L, ALT 1830U/L, ALP 357U/L, GGT 327U/L, direct bilirubin 8,71 mg/dL, total bilirubin 16,09 mg/dL, albumin 3.85 mg/dL, prothrombin time(PT) 17.4 seconds, INR 1.26, bilirubin and urobilinogen in the urine (++++).

Results: An abdominal ultrasonography was performed which revealed that the liver was 174 mm, with a grade 1 diffusely increased parenchyme echo. Also, free fluid was present in the pelvic and perihepatic areas. The wall of the GB was measured as 14.6 mm(N:3 mm)(Image 1). There was intramural air present in the wall of the GB. Also in the pericholecystic area, a reticular heterogenous hypoechoic structure, 15 mm in diameter was observed. In the light of these findings, a diagnosis of emphysematous cholecystitis was established, and parenteral ampicilin-sulbactam was initiated empirically. In serological evaluations that were conducted to find out the etiology of the acute hepatitis presentation, HBsAg, anti-HBc IgM, anti-HBc IgG, anti-HCV tests were negative. However anti-HAV IgM and anti-HAVIgG was positive. Within 48 hours of the patient's admission, as there was no improvement in the patient's clinical status, and an increase in the abdominal pain, a laparascopic cholecystectomy was performed. Twenty days after the operation the patients laboratory findings, abdominal USG and liver tests were normal.

Conclusion: To sum up, HAV infection can be seen in all age groups, in developing countries, such as our country. It must be kept in mind that, although very rarely, HAV infections may exhibit extrahepatic complications.

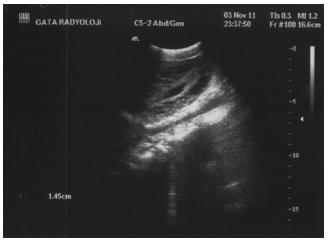

image 1

http://dx.doi.org/10.1016/j.ijid.2014.03.1062

Type: Poster Presentation

Final Abstract Number: 57.002
Session: Virology and Viral Infections (Non-HIV) I
Date: Friday, April 4, 2014
Time: 12:45-14:15
Room: Ballroom

Association between HLA-G 14-pb Insertion/Deletion Polymorphism and hepatitis B viral infection: A Case-control study of a central Tunisian population

J. Boukadida

CHU Farhat Hached, Sousse, Tunisia

Background: Chronic infection with hepatitis B virus is a major cause of liver pathologies. Increasing evidence indicates that immunological and host genetic factors influence hepatitis B infection's outcome.The human leukocyte antigen (HLA)-G plays an important role in immune response regulation. Because of the implication of HLA-G in viruses' immune escape, we tested the 14-bp Insertion/Deletion (Ins/Del) polymorphism (rs1704) of 3'UTR*HLA-G* gene association to HBV infection.

Methods & Materials: Included 150 Tunisian chronic hepatitis B case patients (75 males and 75 females; Mean age 36.45 ± 10.59 years and 150 healthy control subjects (75 males and 75 females; Mean age 34.19 ± 10.75 years). Genotyping for the 14-bp Ins/Del polymorphism was performed by polymerase chain reaction(PCR). Statistical analysis was performed using SPSS version 17.0. The odds ratio (OR) and 95% confidence interval (CI) were calculated to estimate the relative risk.*P* value. Level of significance was set at 0.05.

Results: We found that 27.3% (n = 41) of patients and 29.3% (n = 44) of controls were homozygous for the Del allele; and 38% of patients (n = 57) and 44% of cases (n = 66) were heterozygous (*P* = 0.31).The genotypes were consistent with Hardy-Weinberg equilibrium (X^2 = 2.14 and*P* = 0.14). The alleles frequencies were not statistically different (46.3% for the Del allele *versus* 51.3% for healthy controls; *P* = 0.22). When we stratified according to HBV viral activity (82 patients with non/low viral replication and 68 patients with active viral replication; Threshold = 2000IU), we reported statistical significant differences in the alleles' frequencies (*P* = 0.019, OR = 1.7, 95% CI: 1.08-2.7).The Del allele frequency was evaluated to 52.4% in patients with non/low viral replication and to 39% in patients with active replication.We also found a statistical significant difference (*P* = 0.04; OR = 0.45 and 95% CI: 0.21-0.97) in the distribution of Del/Del genotype between the two patients' subgroups compared with the Ins/Ins and Del/Ins genotypes (34.1% and 19.1%, respectively in non/low-and active viral replication patients).