

Slide session

**Update in Liver Histopathology
Lancaster House Hotel
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Truro**

**Acknowledgement
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Autochthonous HEVitis

Aboriginal, indigenous, native

Formed or originating in the place where found

About HEV

- RNA virus**
 - Faeco-oral route**
 - 6wk incubation**
 - Acute**
 - Self-limiting**
 - 4-6wk resolution**
 - Epidemics**
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Four genotypes

G1 Asia and Africa

G2 Mexico

G4 China & Japan

G3 Worldwide

Animals

85% UK pigs

HEV and developed countries- assumptions

- Rare in developed countries?**
 - Seen mainly in travellers?**
 - Rare in non-travellers?**

 - An uncommon cause of acute viral hepatitis?**
 - Less common than HAV?**
 - Significant morbidity and mortality?**
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Emerging evidence

- HEV is far more common than previously recognised**
 - Caused by HEV genotype 3 (and 4)**
 - Possibly zoonotic from pigs**
 - Affects middle aged males**
 - Significant morbidity and mortality**
 - 70% mortality in patients with chronic liver disease**
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Available evidence

- **There is evidence which supports poor outcomes (mortality) in patients with chronic liver disease with superinfection with HEV compared to those without**
 - **The HEV serological response is similar to other viral infections**
 - **Rising IgM with rising ALT**
 - **Later rise in IgG levels**
 - **A period of infectivity (stool)**
 - **Clinical illness preceded by incubation period**
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HEV diagnosis

- Biochemical evidence hepatitis (ALT > 500 IU/L)**
 - And strongly +ve HEV IgM**
 - Or rising HEV IgG**
 - Or HEV PCR +ve**
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However

- 45% HEV IgM false negative**
 - **Negative IgM does not exclude diagnosis**

 - Period of viraemia may be brief**
 - **Negative PCR does not exclude diagnosis**

 - Single IgG not enough to establish diagnosis**
 - **high background HEV seropositivity**
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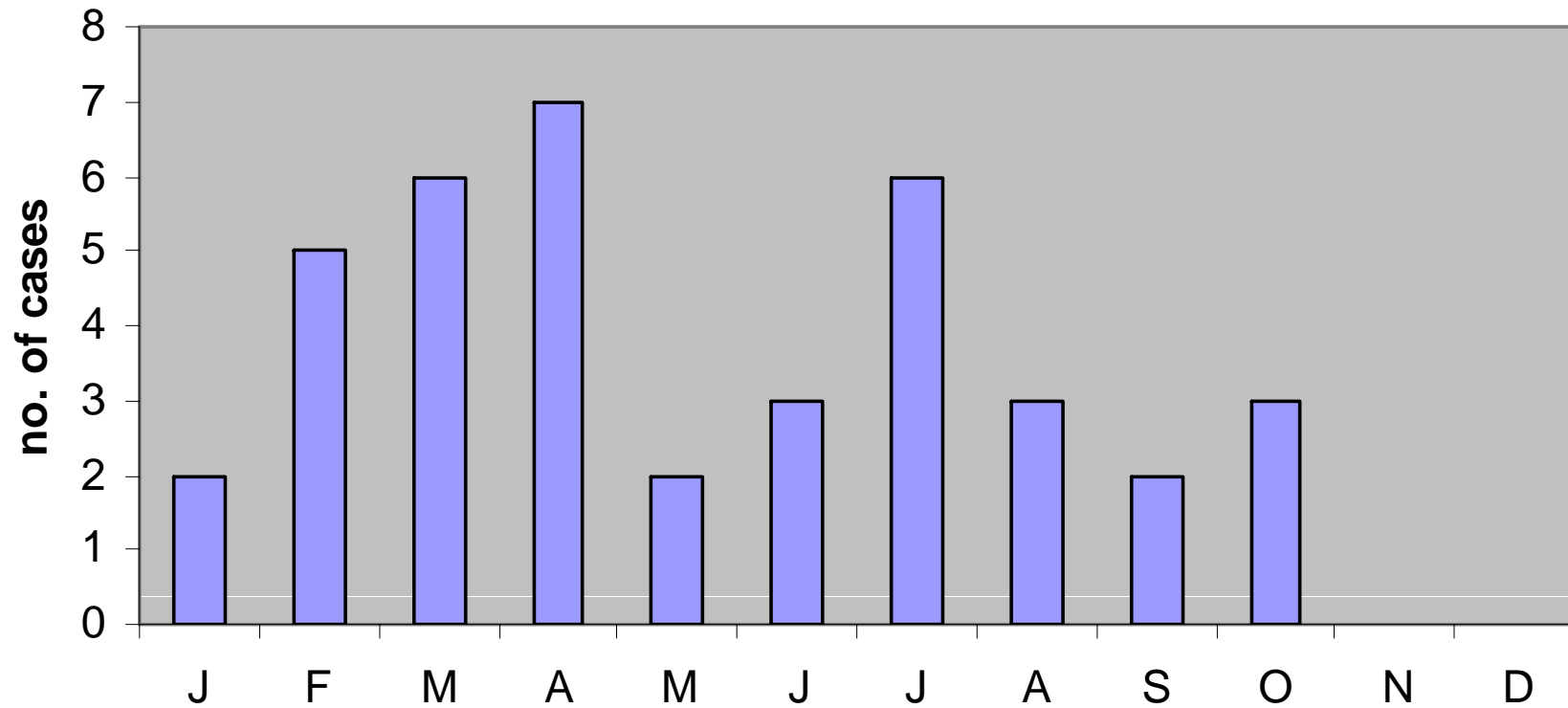
Which is commoner?

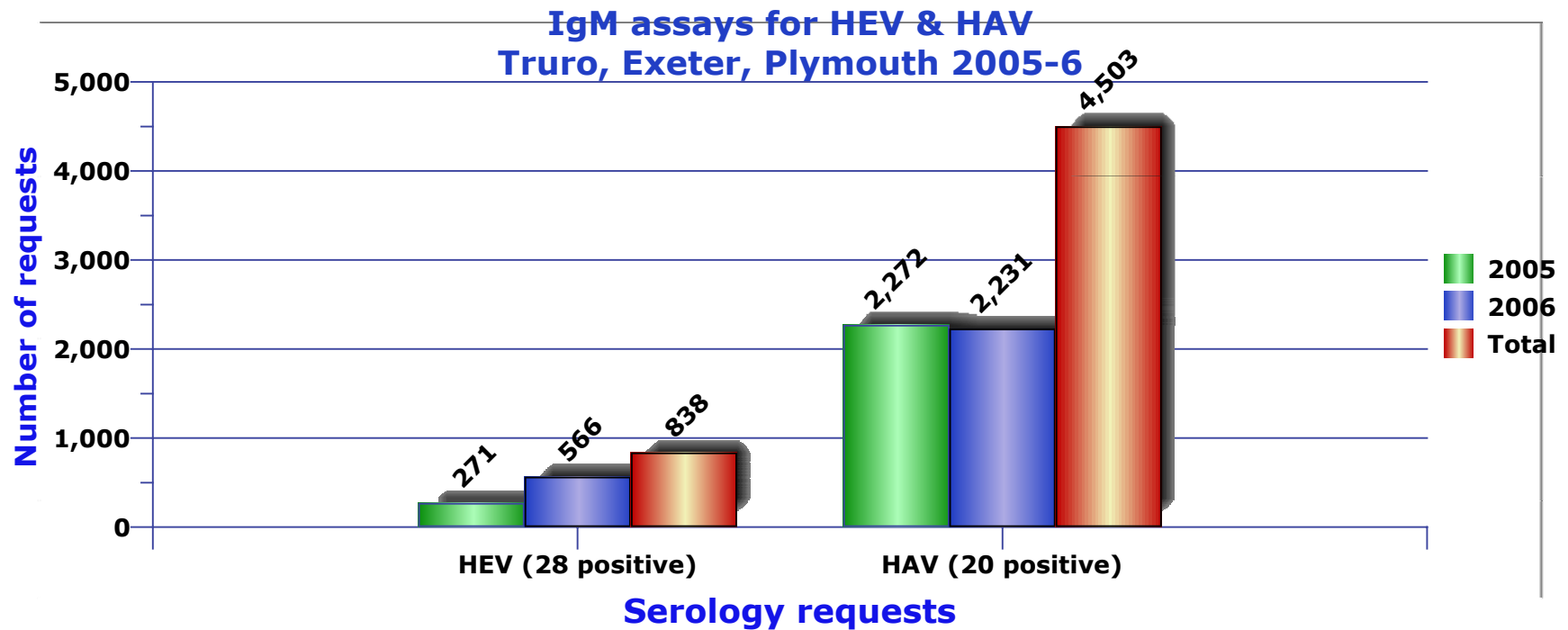
HAV or HEV

HAV vs HEV

- **HEV commoner in France**
 - **HEV commoner in Japan**
 - **HEV commoner in the SW England**
 - **0.4% annual seroconversion rate**
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Cases of HEV by month





HAV test requests 5 times that for HEV

BUT

~8 times more likely to be HEV than HAV positive

HEV and HAV

	HEV	HAV
Cases	28	20
Age*	65	41
	(35-86)	(8-74)
Winter onset*	1	5
M:F	4.6	1.6
Complications	5	0
Death	2	0

Presenting symptoms: 42 HEVitis

- **Jaundice (n=31)**
 - **Anorexia (n=15)**
 - **Lethargy (n=16)**
 - **Abdominal pain(n=15)**
 - **Nausea (n=14)**
 - **Vomiting (n=7)**
 - **Fever (n=8)**
 - **Myalgia (n=5)**
 - **Pruritis (n=4)**
 - **Weight loss (n=3)**
 - **Headaches (n=4)**
 - **Arthralgia (n=2)**
 - **Back pain (n=2)**
 - **Rash (n=1)**
 - **Paraesthesiae (n=1)**
 - **No symptoms (n=2)**
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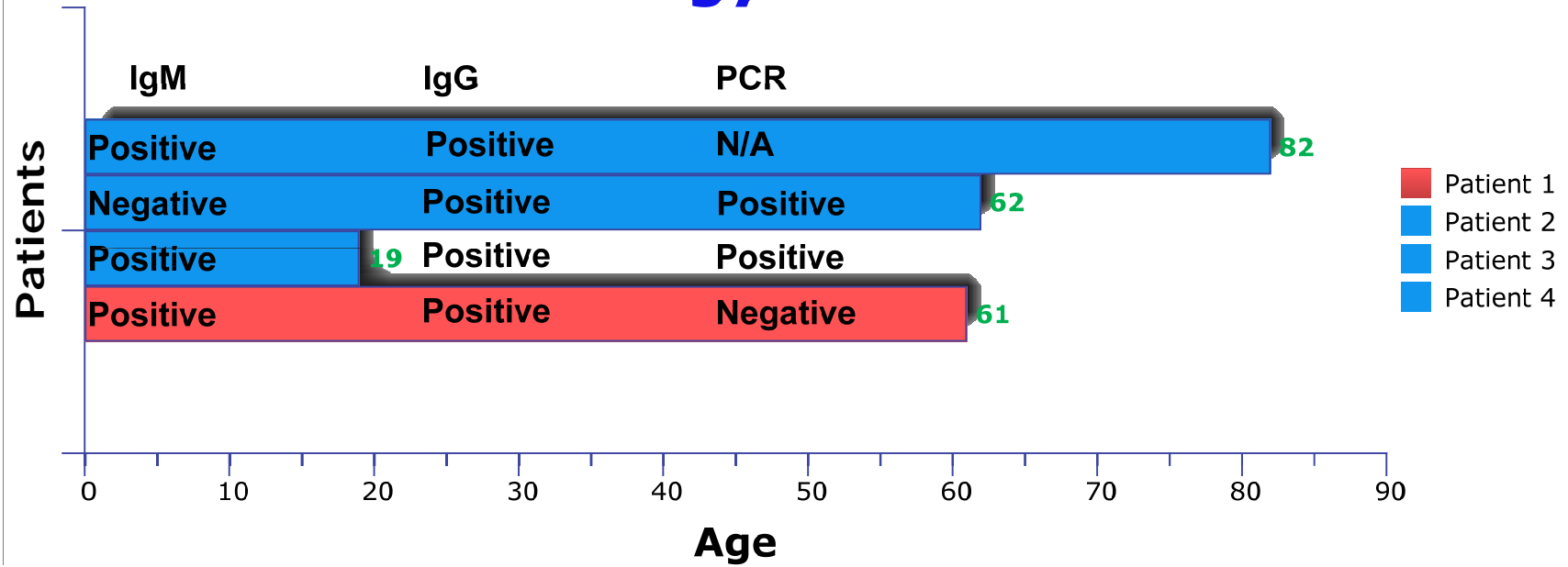
42 profiles

- No travel to endemic areas**
 - 21 retired**
 - 1 butcher**
 - Direct contact with pigs (n=1)**
 - No vegetarians, all pork eaters**
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HEVitis

- Asymptomatic – mild hepatitis –liver failure**
 - Median bilirubin 105 μ mol/l (range 3-417)**
 - Median ALT 1380 IU/L**
 - 39/42 recovered (usually in 4 – 6 weeks)**
 - 3 patients died**
 - Liver failure n=2, unrelated cause n=1**
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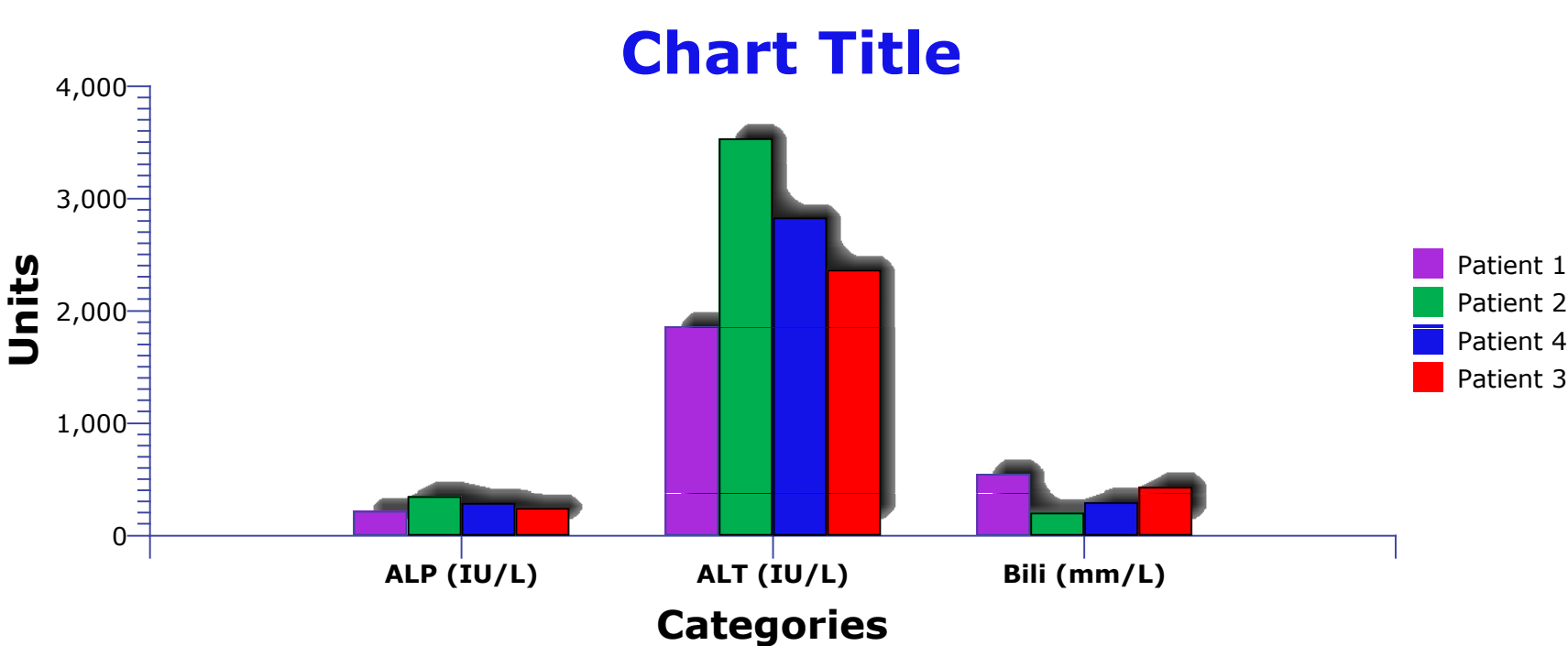
Serology in HEVitis

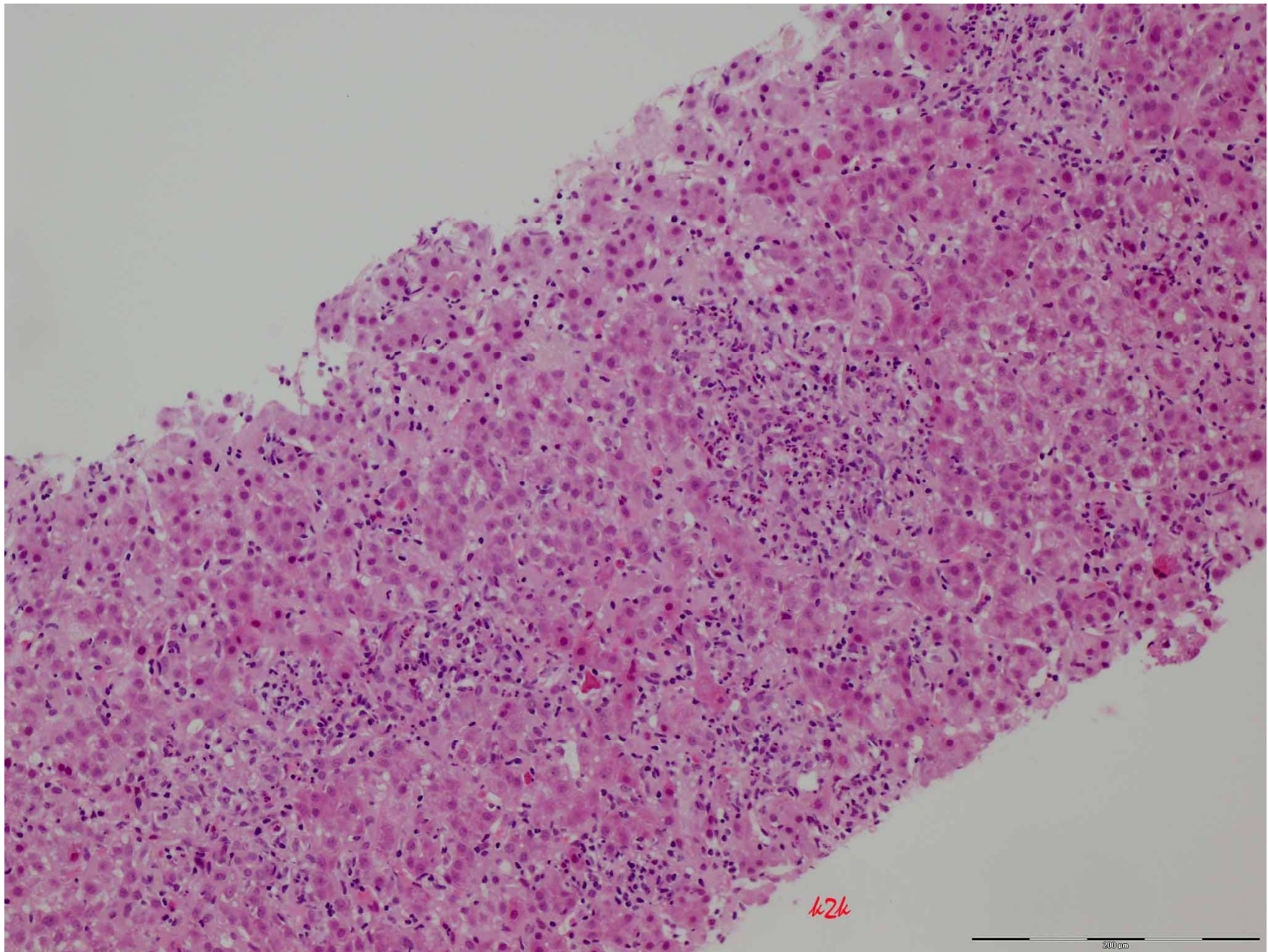


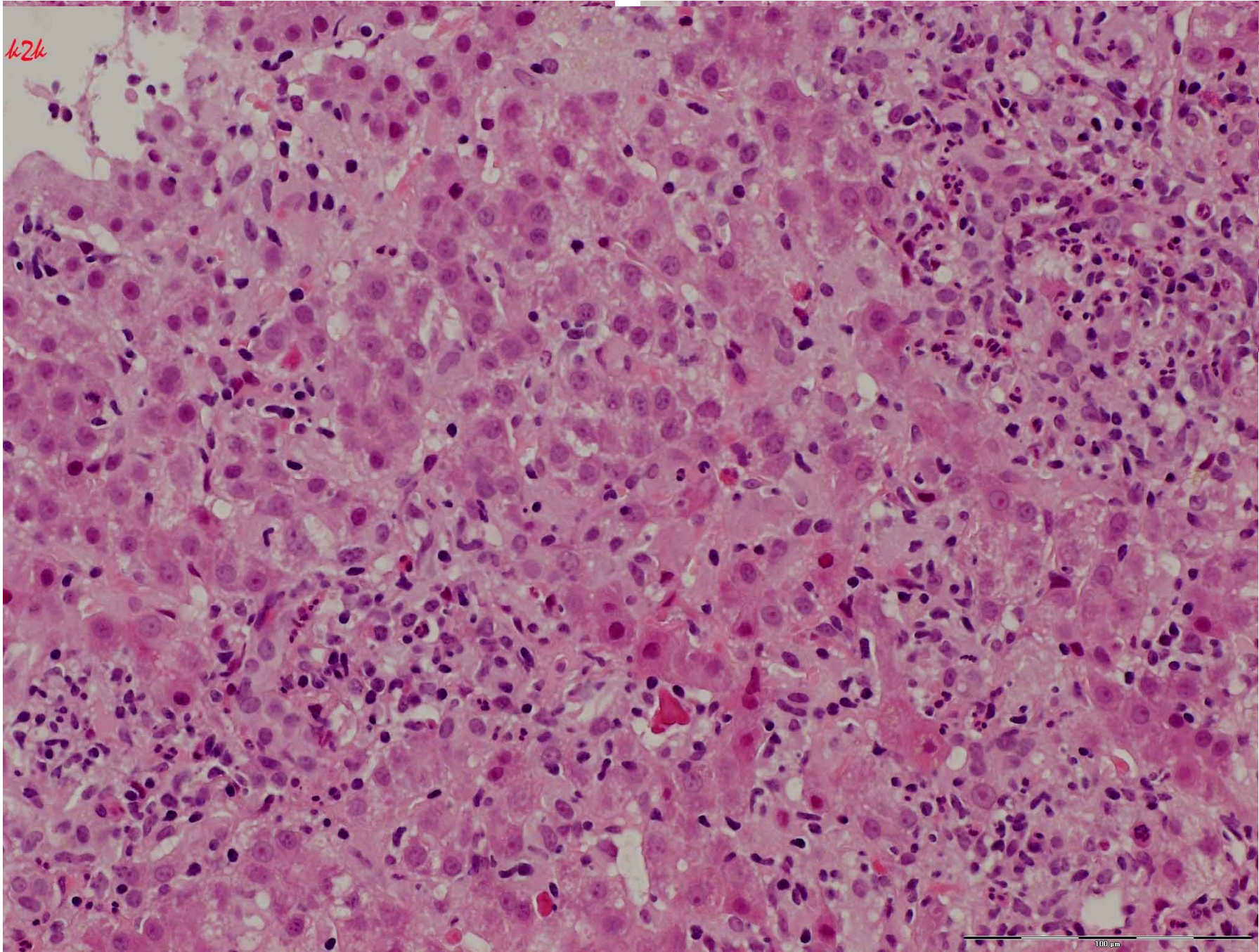
Report

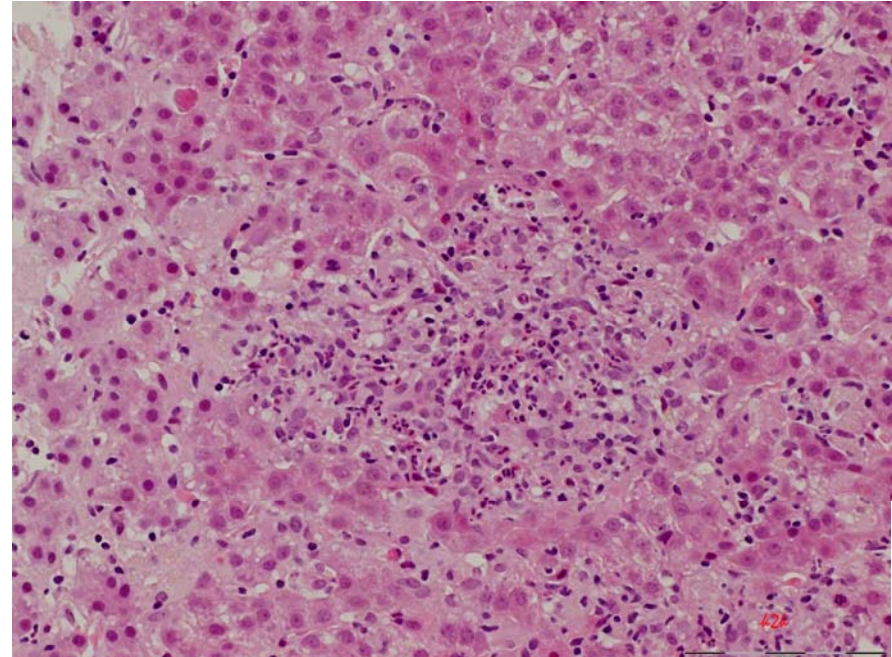
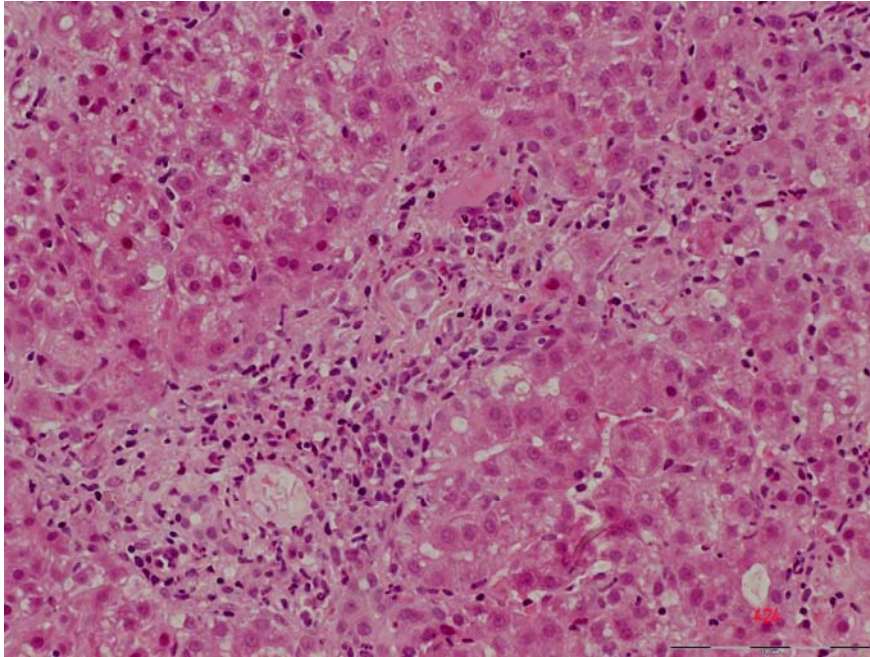
- 4 cases**
 - HAV-negative**
 - HBV-negative**
 - HCV-negative**
 - ANA-negative**
 - SMA-negative**
 - APCA-negative**
 - Weak AMA M2 in 62yr male patient**
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Chart Title

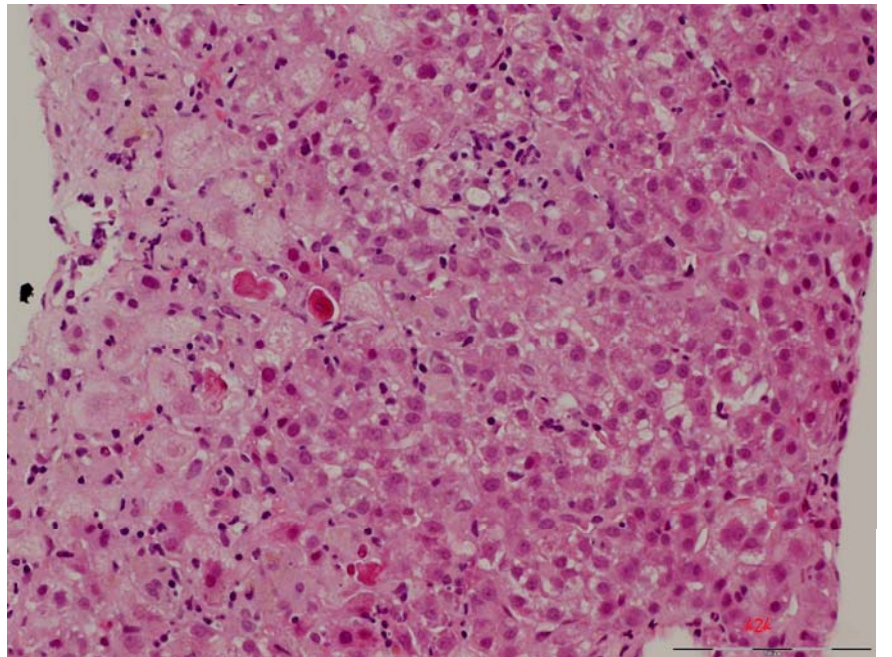
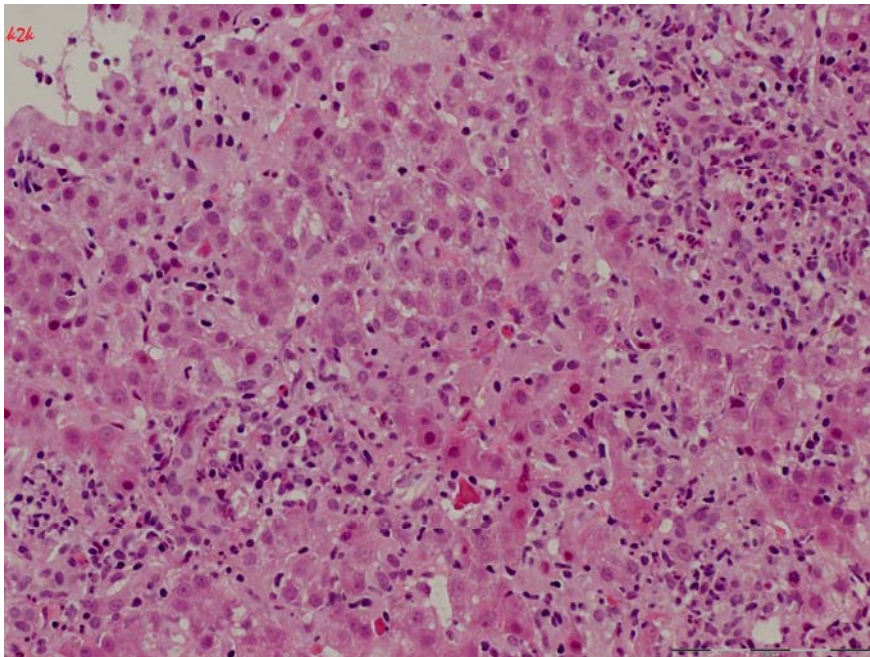






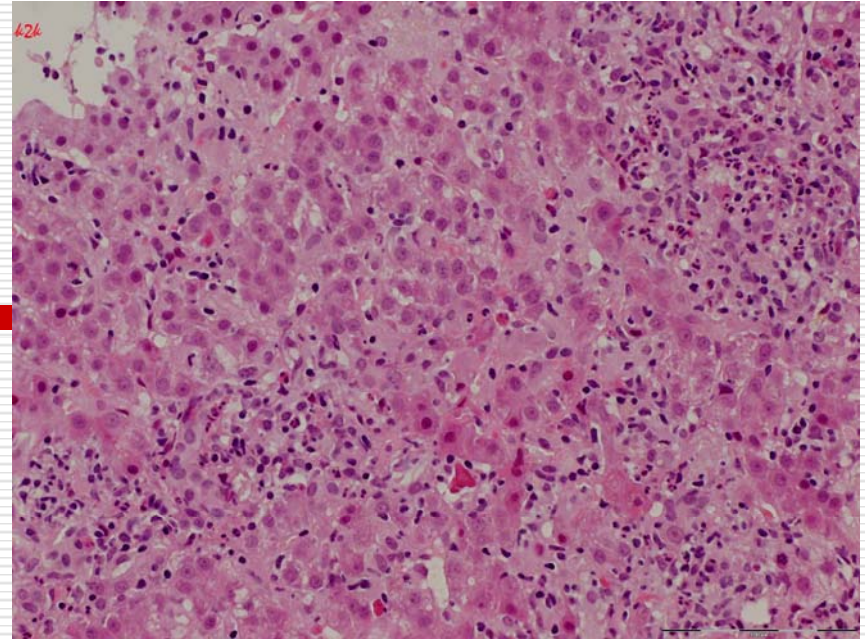


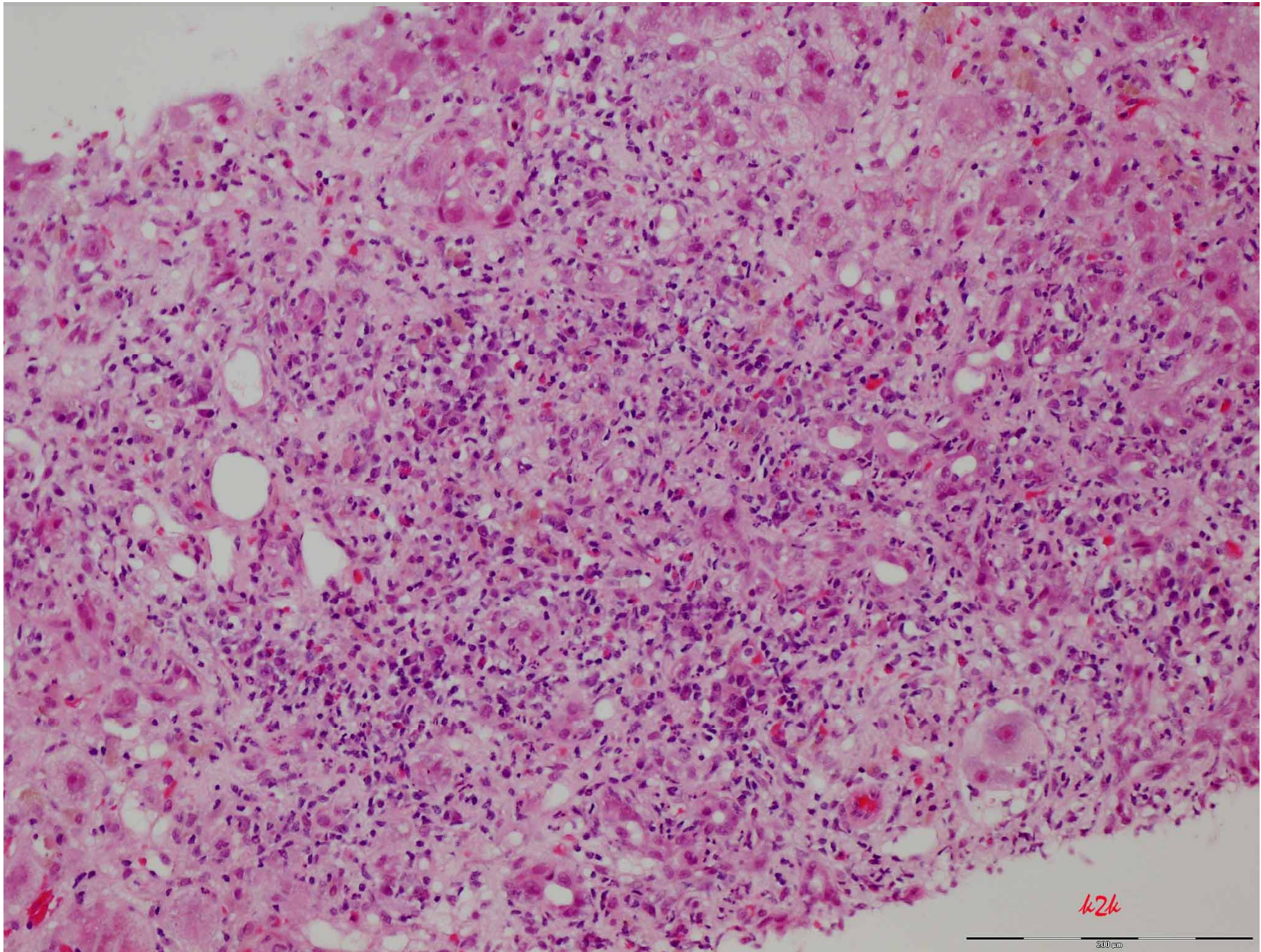
HEVitis

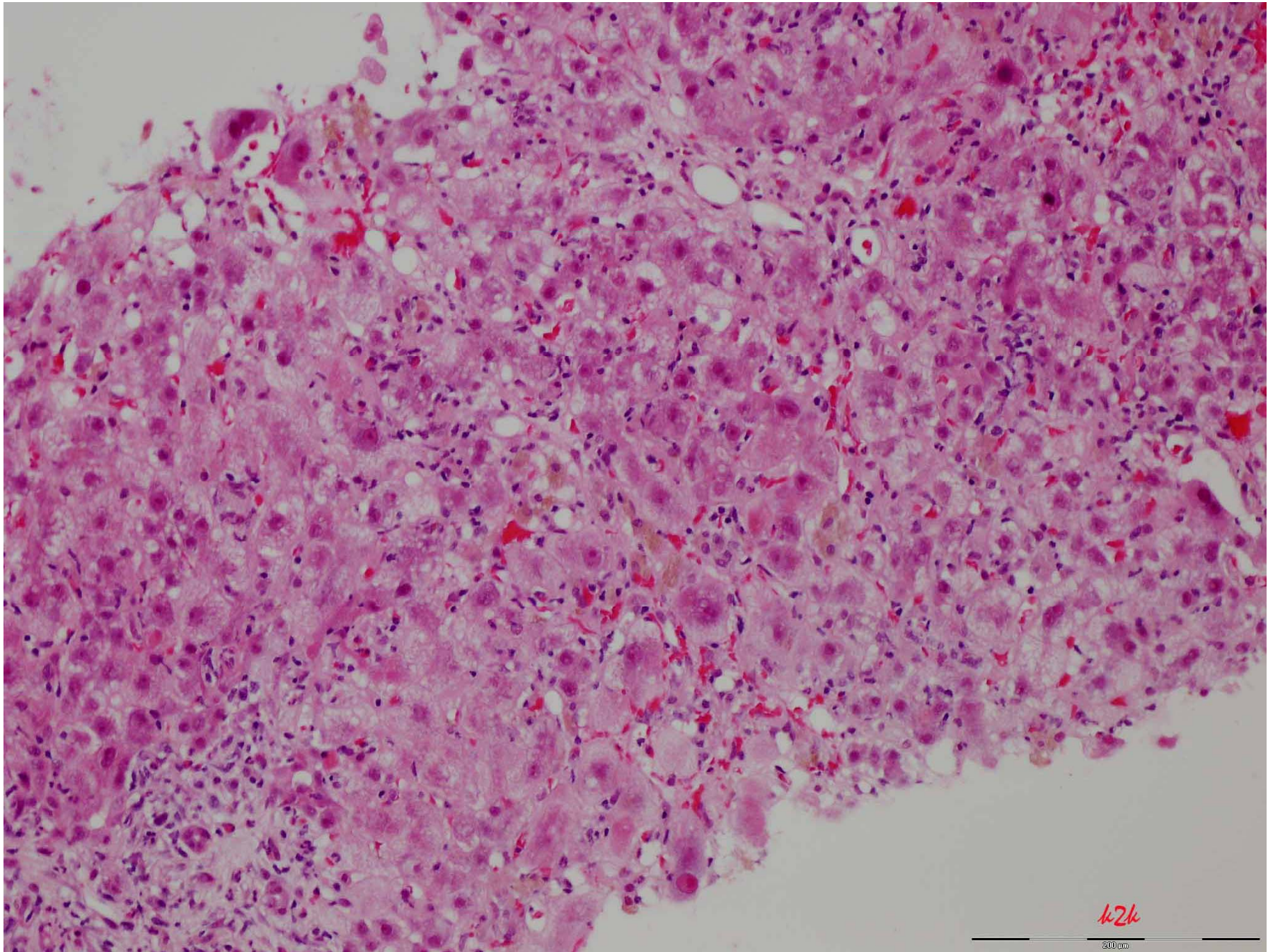


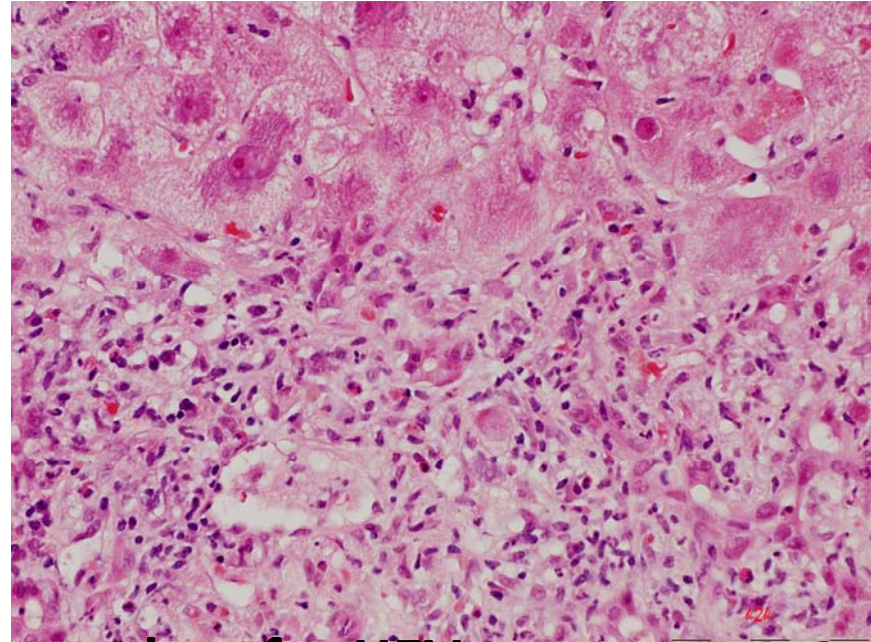
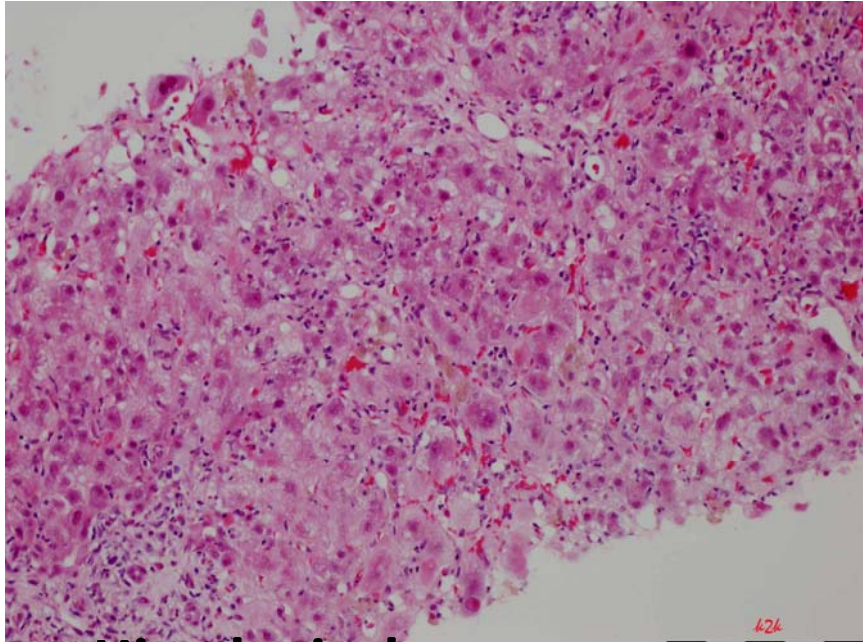
PT features

- Expanded portal tracts**
- Portal tract oedema**
- Ductular proliferation**
- Intense mixed portal inflammation**
 - Eosinophils, neutrophils, Ly+ plasma cells**
 - Central lymphoid aggregates**
 - Polys at advancing portal parenchymal interface**
- Cholangiolitis**
- No copper, iron or A1AT**

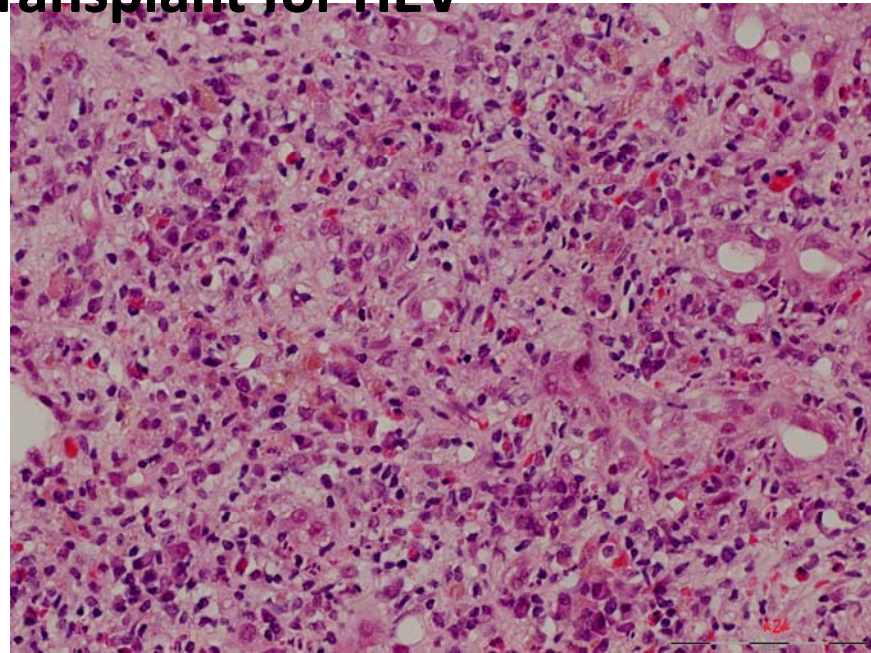
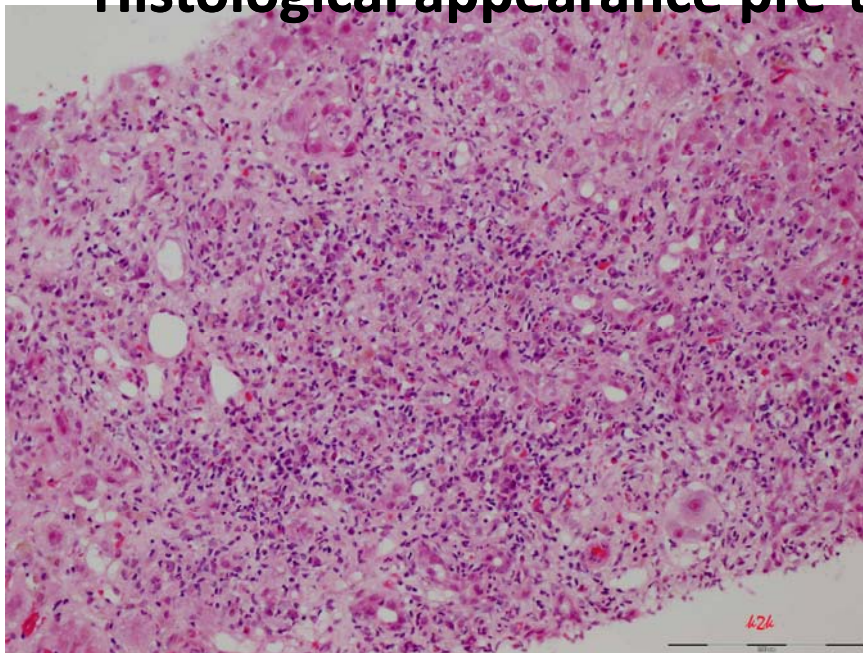








Histological appearance pre-transplant for HEV



Acinar histology

- Lobular disarray**
 - Cholestatic rosettes**
 - Hydropic/ballooning degeneration**
 - Active acinar hepatocyte necrosis**
 - **Mainly neutrophils and eosinophils**
 - **Microconfluent necrosis**
 - **Confluent acinar/multiacinar necrosis**
 - **PV zonal necrosis**
 - **Bridging p-p/p-c necrosis**
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Other acinar features

- Perivenular fibrosis-occasional**
 - Perivenular pericellular fibrosis-mild**
 - Non-zonal apoptosis**
 - Zone 3 microaggregates of lipofuscin-laden KCs/macrophages**
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dΔ

- Acute cholestatic hepatitis**
 - ??AICH**
 - Drug-induced hepatitis**
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Drug-induced liver injury

- 20% of patients with DILI have HEV**
 - 20% of patients with HEV thought to have DILI prior to HEV testing**
 - Diagnosis of DILI not secure without testing for HEV**
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To conclude, HEV

- ❑ **Is probably more common than HAV**
 - ❑ **Its prevalence is probably underestimated**
 - ❑ **Its role in terms of morbidity and mortality especially in CLD should not be underestimated**
 - ❑ **Clinically and histologically could be mistaken for DILI**
 - ❑ **Presents as an acute cholestatic hepatitis which, histologically looks like acute AICH**
 - ❑ **If there is a prominent neutrophilic, especially eosinophilic infiltrate, think ??HEV**
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Thanks

HEV IgG serology

- 4-6 % HEV IgG seroprevalence in most developed countries**
 - 9-13% in Sweden**
 - 14% in Japan**
 - 17-21% US blood donors**

 - 0.4% annual seroconversion rate in SW England population**
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And HEV,

- May be asymptomatic**
 - May be mistaken for a drug-reaction**
 - Occurs in areas of UK, other than the SW**
 - Generally causes self-limiting hepatitis**
 - May be more severe in CLD, causes hepatic failure, and can be fatal**
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Finally, HEV

- Is caused by HEV genotype 3**
 - isolated from the cases shows close sequence homology to HEV from UK pigs**
 - aHEV may be a zoonotic infection from pigs**
 - aHEV is a public health issue in the UK**
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