

INTRODUCTION

An acute hepatitis challenge

Male age 46 yr

- HIV pos since 2000
- Transferred care May 2006
- Stable HIV
- Tenofovir, lamivudine, nevirapine
- Switched to
- Tenofovir, emtricitabine, nevirapine

Baseline bloods

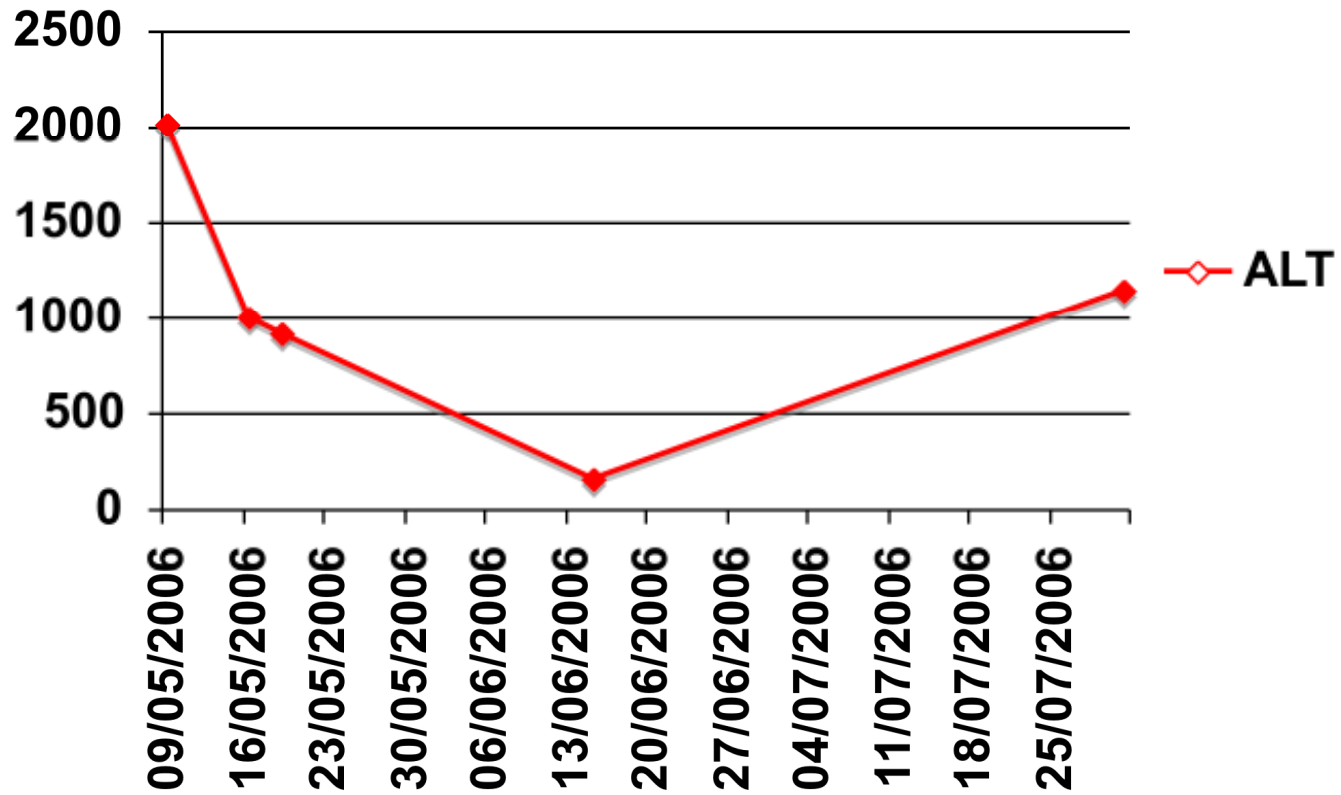
- CD4 650, HIV <50 copies/ml
- ALT 2011
- Investigations?

- HBsAg neg, Anti-HBc -total and IgM neg
- Syphilis EIA pos
- Anti-HAV IgM neg, IgG pos

Anti-HCV pos

- HCV RNA positive
- 4 998 180 IU/mL
- Genotype 3a

ALT levels



Help!

- Prolonged hepatitis
- Very high ALT
- ? Biphasic
- ?compatible with acute HCV
- Reluctant to have PEG/RBV

Reviewed

- History?

Reviewed

- Minimal alcohol
- No herbal remedies
- Ibuprofen on occasion
- No ecstasy
- Crystal meth - now and again
- EXAM - nil worrying
- TESTS?

Reviewed

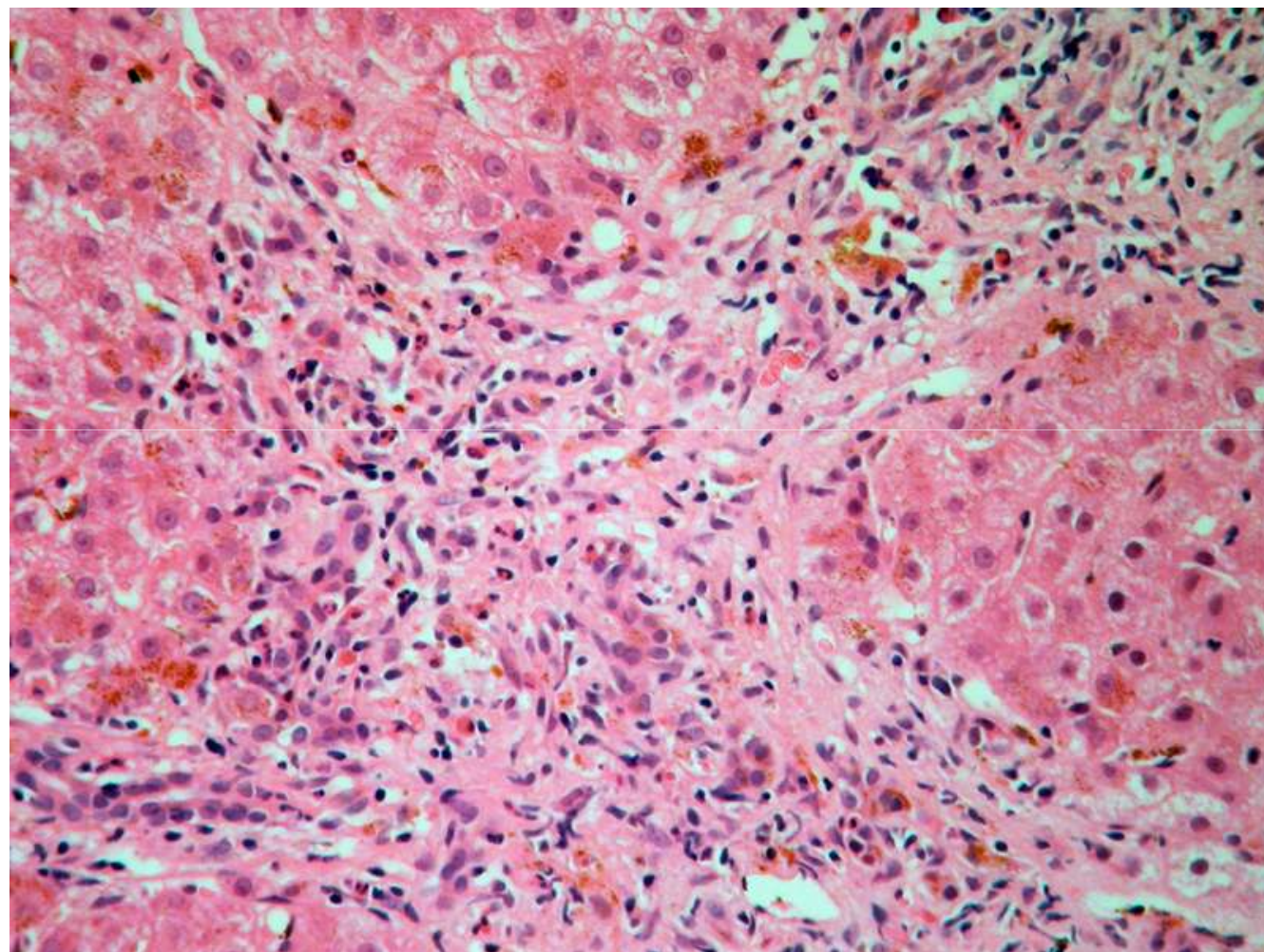
- “Several” diagnostic tests were performed.....

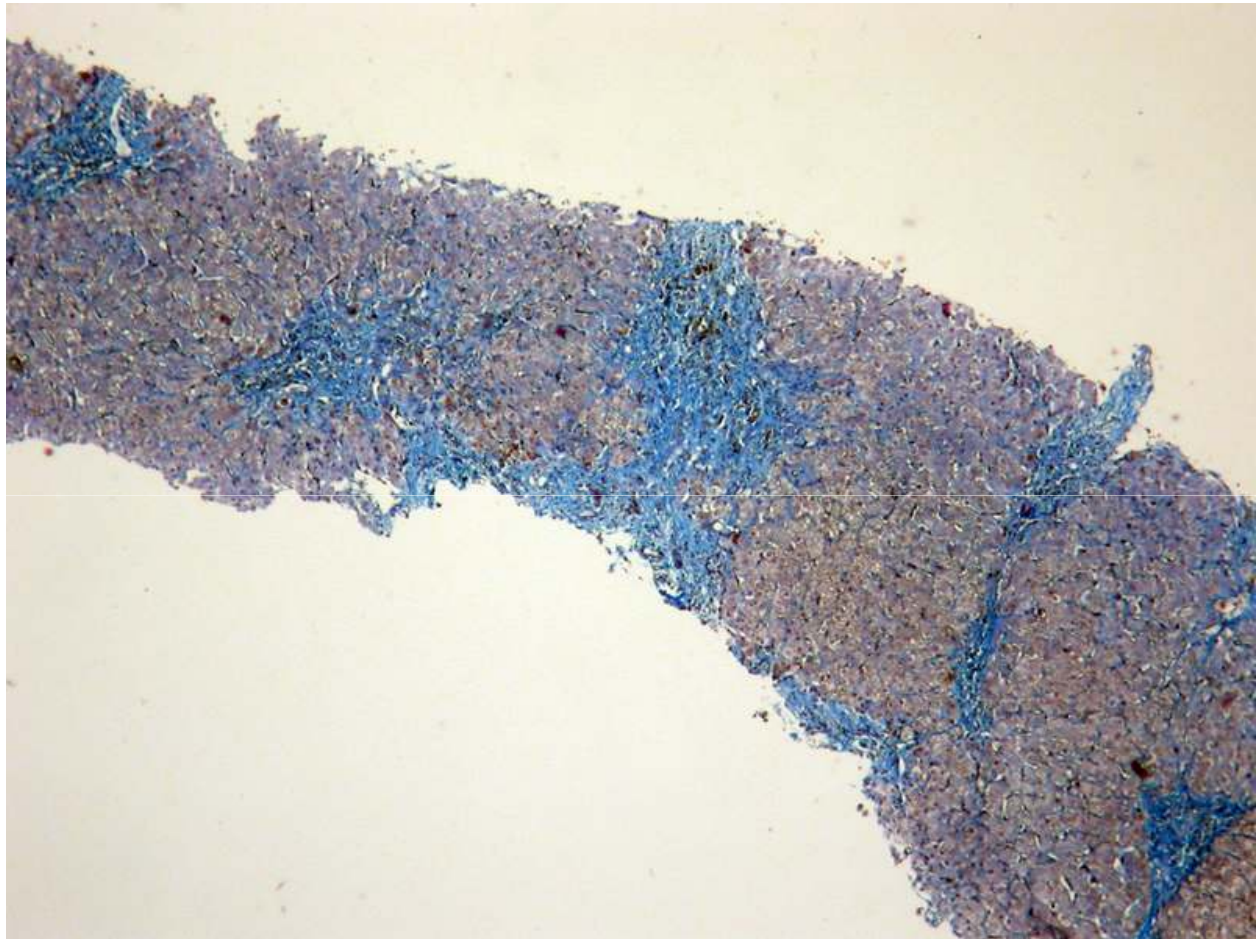
TESTS?

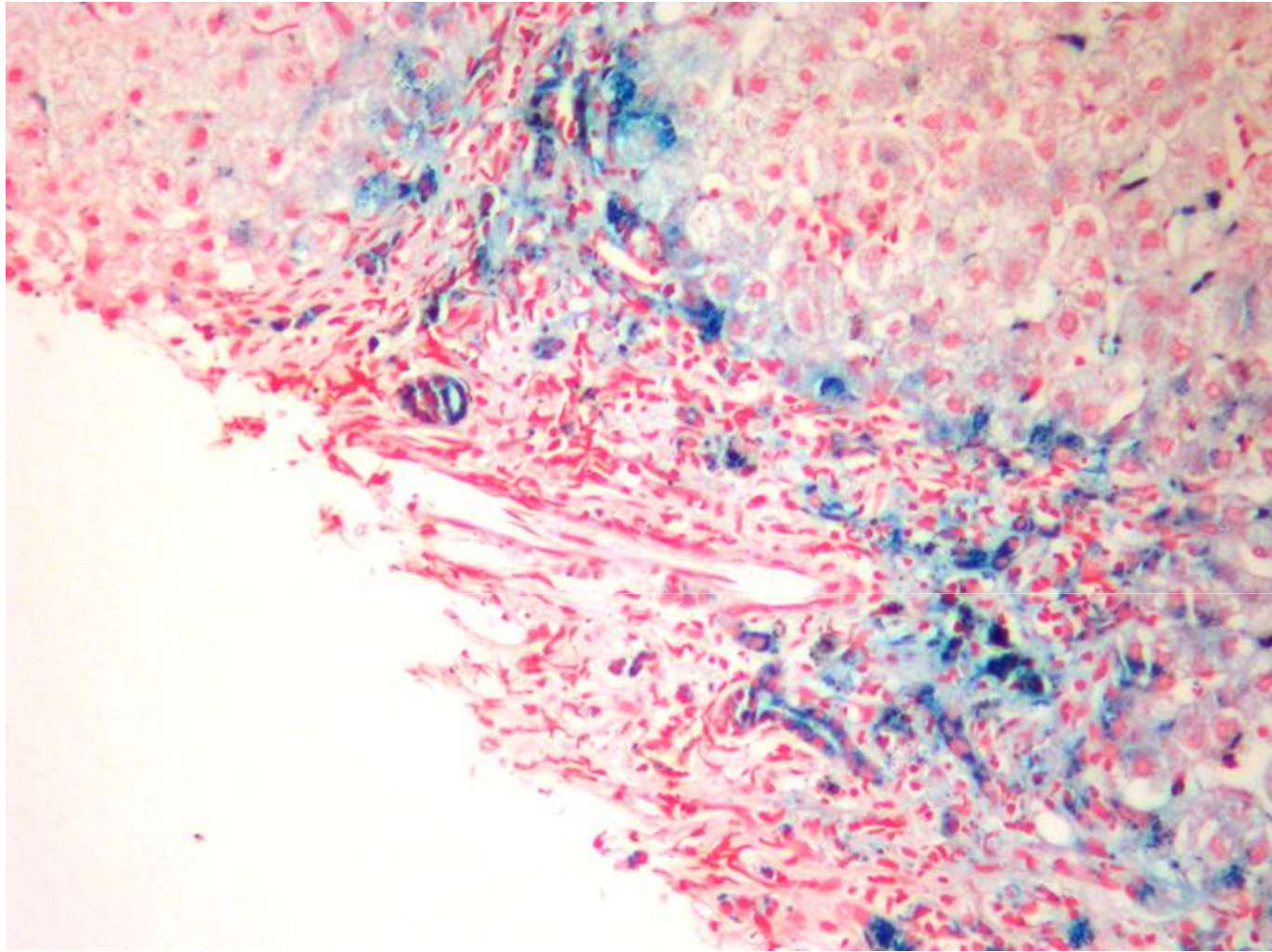
Ferritin

Liver biopsy

Review genotype



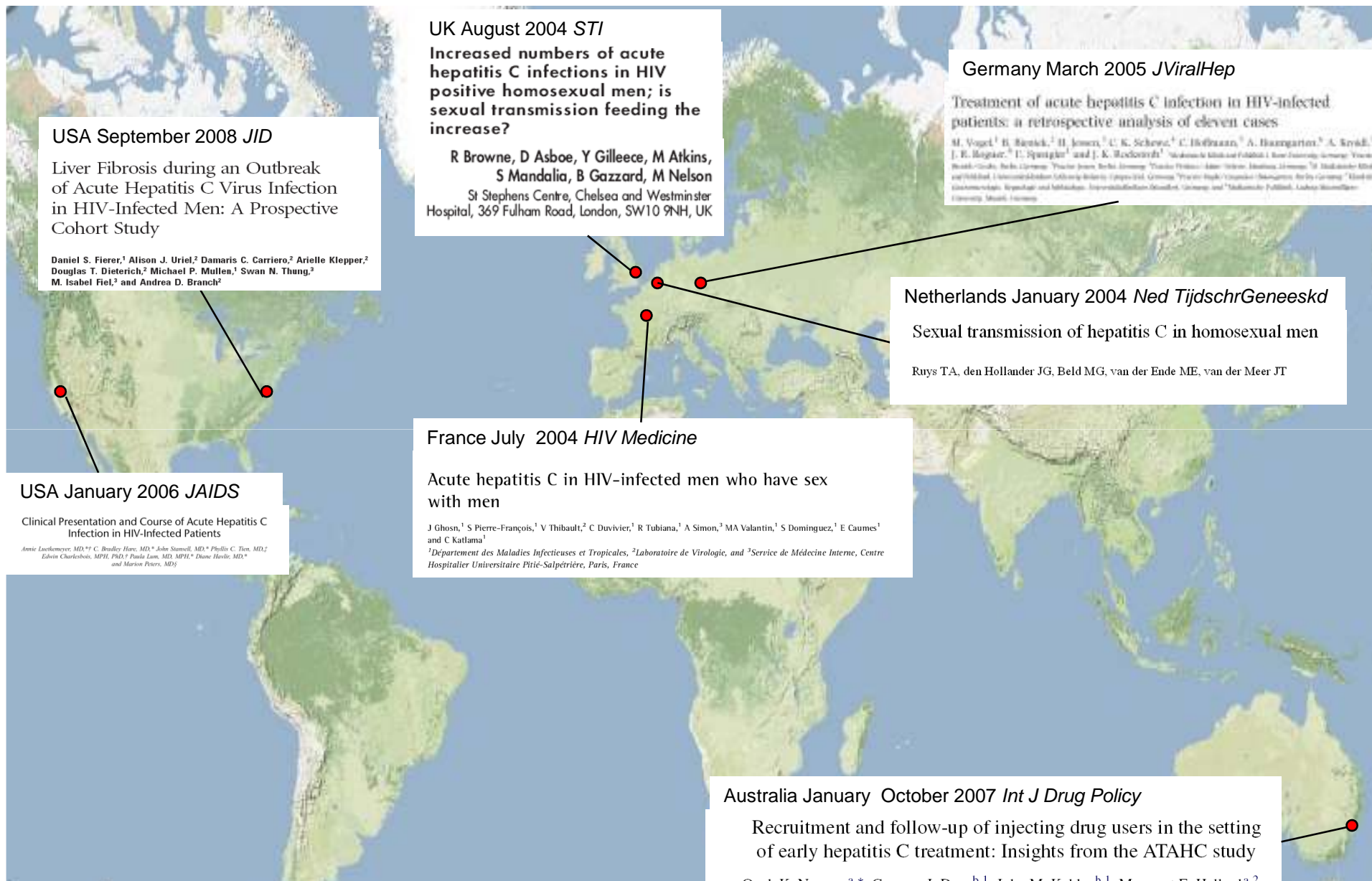




HAEMOCHROMATOSIS CONFIRMED

- YY, HH
- 2 alterations in the HFE gene
- aa 282 can be C (wild type) or Y (penetrant mutation)
- aa 63 can be either H (wild type) or D (suspected mutation with a low penetrance)
- 93% patients are either homozygous for C282Y (YY, HH) or compound heterozygotes (CY, HD)

Acute HCV in HIV-positive men: an emerging epidemic



USA September 2008 *JID*
 Liver Fibrosis during an Outbreak of Acute Hepatitis C Virus Infection in HIV-Infected Men: A Prospective Cohort Study
 Daniel S. Fierer,¹ Alison J. Uriel,² Damaris C. Carriero,² Arielle Klepper,² Douglas T. Dieterich,² Michael P. Mullen,¹ Swan N. Thung,³ M. Isabel Fiel,³ and Andrea D. Branch²

UK August 2004 *STI*
 Increased numbers of acute hepatitis C infections in HIV positive homosexual men; is sexual transmission feeding the increase?
 R Browne, D Asboe, Y Gilleece, M Atkins, S Mandalia, B Gazzard, M Nelson
 St Stephens Centre, Chelsea and Westminster Hospital, 369 Fulham Road, London, SW10 9NH, UK

Germany March 2005 *JViralHep*
 Treatment of acute hepatitis C infection in HIV-infected patients: a retrospective analysis of eleven cases
 M. Vogel,¹ B. Böttch,² H. Jansen,³ U. K. Schewe,⁴ C. Hoffmann,⁵ A. Baumgarten,⁶ A. Krüsk,⁷ J. E. Bogner,⁸ U. Spangler,⁹ and J. K. Wackernagel¹⁰
¹Städtisches Klinikum Fulda, ²Städtisches Klinikum Fulda, ³Städtisches Klinikum Fulda, ⁴Städtisches Klinikum Fulda, ⁵Städtisches Klinikum Fulda, ⁶Städtisches Klinikum Fulda, ⁷Städtisches Klinikum Fulda, ⁸Städtisches Klinikum Fulda, ⁹Städtisches Klinikum Fulda, ¹⁰Städtisches Klinikum Fulda

Netherlands January 2004 *Ned TijdschrGeneesk*
 Sexual transmission of hepatitis C in homosexual men
 Ruys TA, den Hollander JG, Beld MG, van der Ende ME, van der Meer JT

USA January 2006 *JAIDS*
 Clinical Presentation and Course of Acute Hepatitis C Infection in HIV-Infected Patients
 Annie Lucsheneyer, MD,^{1*} C. Bradley Hare, MD,^{2*} John Stamei, MD,^{3*} Phyllis C. Tien, MD,² Edwin Charlebois, MPH, PhD,¹ Paula Lam, MD, MPH,¹ Diane Havill, MD,⁴ and Marion Peters, MD⁵

France July 2004 *HIV Medicine*
 Acute hepatitis C in HIV-infected men who have sex with men
 J Ghosn,¹ S Pierre-François,¹ V Thibault,² C Duvivier,¹ R Tubiana,¹ A Simon,³ MA Valantin,¹ S Dominguez,¹ E Caumes¹ and C Kallama¹
¹Département des Maladies Infectieuses et Tropicales, ²Laboratoire de Virologie, and ³Service de Médecine Interne, Centre Hospitalier Universitaire Pitié-Salpêtrière, Paris, France

Australia January October 2007 *Int J Drug Policy*
 Recruitment and follow-up of injecting drug users in the setting of early hepatitis C treatment: Insights from the ATAHC study
 Oanh K. Nguyen^{a,*}, Gregory J. Dore^{b,1}, John M. Kaldor^{b,1}, Margaret E. Hellard^{a,2}, on behalf of the ATAHC Protocol Steering Committee

ACUTE HCV IN HIV

- N = 50
- 12 spontaneous clearance
- (higher CD4 count)
- 27 accepted treatment
- 16 (59%) SVR

» Nelson, 2005

HCV infection

- ?routes of transmission
- Blood products
- Mother to baby
- Sexual transmission

Risks

- Multiple partners
- Internet sex
- Drug use
- Syphilis
- Gonorrhoea
- LGV etc

Presentation

- Normally asymptomatic
- Deranged LFT's
- Often anti-HCV Ab neg
- Fast track for treatment
- reinfection

Drug history





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03. Alloy wheel cleaner 1 Litre
04. Alloy Wheel Cleaner 2 Litres
05. Alloy Wheel Cleaner 5 Litres
06. Alloy Wheel Cleaner 10 Litres

Reviews >>



Excellent service, speedy delivery, great communication and ..

★★★★★

Mr HB age 37 yr
Admitted 10th Dec 2008

Ethiopian
Came to UK 24 yrs before (last travel
Somalia 2 years before)
7 days flu like illness
Night sweats ++
Abdo bloating
Chest pain

PMH

Nil of note

SOC/FAM

Partner HIV pos

Non smoker

No alcohol

DRUGS

Glucosamine

Lemsip

OE

T 37.6

Pulse 62/min

BP 133/73

Minimal right hypochondrial tenderness

Imp ? Viral hepatitis +/- HIV risk

TESTS

Hb 14.0

WBC 25.1

Neut 3.6 (!)

PI 203

ALT 136

Albumin 41

Bilirubin 10

Alk phos 290

S/B ID SpR

R shoulder pain

2 cm tender hepatomegaly

TESTS

Hb 14.0

WBC 25.1

Neut 3.6 (!)

Eosinophils 18.3

PI 203

ALT 136

Albumin 41

Bilirubin 10

Alk phos 290

CXR - normal

Abdo US – “unremarkable”

A diagnostic procedure was performed.....

Fasciola hepatica serology –**POS**

HIV - neg

Treated with TRICLOBENDAZOLE

KHAT

qat, jaad, qaat, chat, chad, chaad

miraa

shrub



Grown in Kenya, Oman, Yemen and Ethiopia

Yemen -40% water supply for khat farming

Stimulant

20 million people worldwide

Banned in US, Canada, most of Europe (not UK)

“ischaemic cardiomyopathy”

“hepatotoxicity”

Fasciola contamination

HPA

n = 11 in 2008

(v 6 in preceding 10 years)

Mr AB

Age 55 yrs

Known alcoholic cirrhosis

Admitted with fever and confusion

Abdo US – liver abscess

Blood cultures – *Klebsiella* sp

Despite antibiotics

Day 3

Blind right eye

Chorioretinitis

Klebsiella pneumoniae

Case reports

Taiwan and South Africa

Invasive strain with liver abscesses and endophthalmitis

Virulence factors ?

K1 capsular serotype

mucoviscosity associated gene A (*magA*)

Emerg Infect Dis 2007;13:986-93