



## Chronic Hepatitis

### **What is chronic hepatitis?**

Chronic hepatitis is ongoing injury to the cells of the liver with inflammation, which continues for more than six months. There are many causes, including viruses, abnormalities of the immune system, medications, and the inability of the body to rid itself of copper. Chronic hepatitis can be mild and limited in extent, or it can be more extensive, with destruction of the cells of the liver. A liver biopsy, where a needle is inserted into the liver to obtain a small tissue sample, confirms the diagnosis, aids in establishing the cause (aetiology) and can demonstrate the severity of the inflammation and presence of an increase in scar tissue such as fibrosis or cirrhosis.

### **What are the causes?**

**Hepatitis B and C** are the most common causes of chronic hepatitis. Together they account for more than 75% of all cases worldwide. In Australia there are an estimated 200,000 people with chronic hepatitis B or C. People with chronic hepatitis B or C generally experience mild symptoms, primarily fatigue, at first. Many years later, however, the complications of cirrhosis may appear. The percentage of patients infected with chronic hepatitis C who develop cirrhosis is much greater than those with hepatitis B. Primary liver cancer can develop from hepatitis C or hepatitis B. Of patients exposed to the hepatitis C virus, approximately 85% can develop chronic hepatitis C, of which 20% can progress to cirrhosis. In contrast, only 5% of patients exposed to hepatitis B go on to develop chronic hepatitis; about 50% of these can develop cirrhosis.

**Autoimmune hepatitis** may vary from mild to serious. Most patients are young women, but postmenopausal women and males may also be affected. The trigger for autoimmune hepatitis is unknown, but the damage to the liver is caused by the individual's lymphocytes produced by the immune system, and by antibodies produced in the individual's own tissue. Autoimmune hepatitis is often a progressive disease resulting in cirrhosis.

**Hepatitis D** may cause acute hepatitis in someone who is a carrier of the hepatitis B virus. The combination of hepatitis B and D is potentially more serious than hepatitis B alone and is more likely to cause serious chronic hepatitis and cirrhosis. IV drug users have a high incidence of hepatitis D.

**Viruses of the herpes family**, which causes cold sores, genital herpes, chicken pox, shingles and infectious mononucleosis, can cause acute hepatitis, especially when the immune system is not functioning properly. It is unlikely that they will produce chronic hepatitis. Other viruses, as yet undiscovered, may be responsible for some cases of chronic hepatitis.

**Some medications** can also cause chronic hepatitis. These include: Isoniazid (used for tuberculosis); Methyldopa (used for hypertension); nitrofurantoin (used to treat urinary tract infections); and phenytoin (a treatment for seizure disorders). These medications must be taken for long periods of time to produce chronic hepatitis. The number of actual cases caused by these medications is small. Chronic hepatitis caused by drugs is usually recognized early, and stopping the medication before cirrhosis has developed usually reverses the disease.

### **What are the symptoms of chronic hepatitis?**

Some patients have no symptoms or only mild ones, including fatigue, discomfort in the upper abdomen, loss of appetite and aching joints. Others may show signs of liver failure, including jaundice, abdominal swelling (due to fluid retention called ascites), or coma, depending on the severity of the liver disease and whether or not cirrhosis has developed. Disorders of the thyroid, intestine, eyes, joints, blood, spleen, kidneys and skin may occur in about 20% of patients depending on the cause of the chronic hepatitis.

### **What is the treatment?**

Antiviral treatments are available for hepatitis B and C, such as Lamivudine or PEGYLATED Interferon with Ribavirin. In patients with autoimmune hepatitis, immunosuppression with prednisolone and azathioprine has been shown to decrease symptoms, improve liver tests, and prolong survival in the majority of patients. Liver transplantation may rarely be needed in some cases. Please talk to your doctor about the best treatment available for your specific case.