HSV HEPATITIS


Take home points:
1. Hepatitis is an uncommon manifestation of HSV infection in adults (more common in patients with cell-mediated immunity and in pregnant women)
2. Usually presents with non-specific symptoms early and quickly becomes fulminant hepatitis. Look for transaminases in the 1000s. >90% are anicteric.
3. Diagnose with liver biopsy and treat with acyclovir.

Epidemiology:
- Hepatitis is an uncommon manifestation of HSV
- Usually occurs in neonates or malnourished children; rare in adults
- Most adult patients are immunocompromised (most often deficiency cell-mediated immunity) or pregnant, but HSV hepatitis has been described in immunocompetent patients
- Can occur with HSV-1 or HSV-2

Pathophysiology: possible mechanisms
- Large HSV inoculum at the time of initial infection may result in dissemination with involvement of the liver
- Virulence of HSV may be enhanced by activation of latent infection by reinfection with HSV
- There may be some HSV strains that have affinity to the liver (“hepatovirulent”)

Clinical features:
- When hepatitis does occur due to HSV, it is frequently fulminant
- Early on, signs and symptoms are non-specific; therefore HSV hepatitis is difficult to diagnose
- Look for fever, anorexia, n/v, abdominal pain, leukopenia, and coagulopathy
- Skin, mouth, and/or genital lesions are present in 57% of patients with HSV hepatitis
- Typical LFT pattern is marked rise in transaminase levels without elevated bilirubin (most patients do not have jaundice).
- Once fulminant hepatic failure sets in, most patients have a clinical picture of septic shock

Diagnosis:
- Liver biopsy is the only way to make a definitive diagnosis

Treatment:
- IV acyclovir (or any other antiviral effective against HSV)