

A Case of Acute Pancreatitis Associated with a Severe Acute HAV Infection and Compensated Liver Cirrhosis Type B

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Abstract : A 59-year-old male presented with general fatigue and appetite loss. He had a history of hepatitis B virus treatment when he was 37-years-old and was reaching a state of clinical cure. During a previous visit to a different clinic, his serum aspartate transaminase (AST) level was 1,608 IU/l; alanine aminotransferase (ALT), 2,328 IU/l; and prothrombin time (PT), 49%. In addition, he was IgM-hepatitis A antibody and hepatitis A virus-RNA positive. There was a sudden onset of epigastralgia, and his pancreatic enzyme levels were elevated on the 72nd day following hospitalization. Computed tomography (CT) revealed severe acute pancreatitis (grade D). Despite continuous regional arterial infusion of a protease inhibitor and an antibiotic along with plasma exchange therapy, the patient died due to multiple organ failure. The histopathological analysis during the autopsy revealed almost collapsed hepatocytes and fibrous bands with regenerative nodules (cirrhosis). HBV-DNA (PCR) was positive in the hepatic tissue. These results were important findings which confirmed the progression to compensated liver cirrhosis by an occult HBV infection. In conclusion, patients with chronic liver disease are considered to be at risk for severe disease, especially, patients that are HBc antibody positive might progress to liver cirrhosis during a latent HBV infection. This is a valuable case due to the occurrence of both HAV infection and acute pancreatitis with liver cirrhosis and HBsAg seroclearance.

Key words : Acute Hepatitis A, HAV, HBV, Superinfection, Acute Pancreatitis