

## Treatment of Acute Viral Hepatitis – An Update

*S T Kew, Malaysia*

Standard textbook treatment of acute viral hepatitis has remained unchanged for many years. It consists of supportive therapy, avoidance of sedatives and narcotics, no mandatory dietary modifications, hospitalization only for those with severe symptoms or impending liver failure. This line of treatment is true for acute hepatitis A & E. Most patients are either asymptomatic or have short-lived, self limiting infection, and majority recover spontaneously.

Uncomplicated acute HBV infection requires no specific treatment as acquisition of HBV by immuno-competent adults is associated with a low risk for chronicity, reported to be <2%. Fulminant hepatitis occurs in <1% of cases, characterized by development of encephalopathy, with significant mortality. Some available data indicated a possible role for Lamivudine treatment in selected patients with severe or fulminant acute HBV infection. Lamivudine is safe in these patients, leading to rapid recovery with the potential to prevent liver failure and liver transplantation when administered early enough.

Sporadic overt acute HCV infection, acquired by IVDU, sexual contact or medical and cosmetic procedures, has a reported rate of chronicity of about 50%, lower than the post-transfusion Hepatitis C. A close relationship exists between a more severe, symptomatic clinical course and a better likelihood of early spontaneous viral clearance which in most instances occurs within 8-12 wks from the onset of the disease. Interferon has been used successfully in treating acute Hepatitis C, with seroconversion rate of 70-80%. From meta-analysis, either 12 wks, or 16-24 wks of treatment with interferon monotherapy are the best choice. A daily induction dose during the first month is the best option. Delaying therapy by 8-12 wks after the onset of disease does not compromise the sustained viral response rate, while avoiding unnecessary treatment in those with spontaneous viral clearance.

Adjuvant therapy in the form of glucuronate, betaine, ascorbate, nicotinamide and diethanolamine has been widely used clinically in acute viral hepatitis. Based on small studies, this combination therapy was found effective in reducing significantly transaminases and bilirubin level within a month.

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