

## Viral Hepatitis Day - Abu Dhabi

The Abu Dhabi GIT GROUP organized another half day meeting on the hepatitis day on 28 June 2007

### Main topics

Acute viral hepatitis and recent developments in non invasive liver imaging	Makki H Fayadh
The new AASLD guidelines for hepatitis B	Salem Awad
Hepatitis B&C Co infection	Aly El Sayed
Auto Immune Hepatitis	E.Buchel
Liver transplantation	Abdulla Al Tom
Acute hepatitis C	Salem Awad
Fibro test and Acti test in the assessment of liver diseases	K. Hebar
Difficulties in drug therapy	Raheel Quraishi
Imaging in liver diseases	Mustafa Al Laithy

The key take home messages are:

1. Acute hepatitis can be caused by Viruses-A, B, C, D, E & others The treatment of acute hepatitis A is supportive, no need for hospitalization, avoid medication and no need for vitamins, keep the patient away from doctors to avoid mis managements.
2. Hepatitis B virus affected 2 billion people; 350 millions are carrying the virus. Hepatitis B virus is 100 times more infective than AIDS virus Currently there is no cure from the virus but easily prevented by vaccination New drugs gave encouraging results Carriers for the virus B should be followed up with regular liver functions and liver ultrasound The virus can be transmitted by blood products, sexual contact, mother to baby, from children to children but not by casual contact or work place or swimming pools or hand shaking The vaccine prevent hepatitis B, WHO recommend universal vaccination All health care workers and contacts must be vaccinated Vaccination should include all new borns, school children, high risk groups
3. Acute hepatitis C HCV anti bodies appear late and are not protective, PCR for HCV should be done, if PCR show HCV RNA with negative antibody this is acute hepatitis C. while if anti HCV antibodies were positive with positive HCV RNA at the same time it mean an exacerbation of a chronic HCV infection.
4. Auto immune hepatitis, the important message is that it can present acutely like acute hepatitis, elevated gammaglobulin and positive ANA are the main markers
5. Imaging in liver diseases gross changes can be detected by Ultra sound, CT Scans, MRI

6. Liver biopsy was the gold standard to assess severity of liver disease, the degree of fibrosis and necroinflammation but only 5% of patients with liver diseases do it, New non invasive tests are now available, they include FIBROSCAN which detect elasticity, similar to Ultra sound machine Blood markers FIBRO TEST, ACTI TEST, ASH TEST, NASH TEST COMBINATION OF TESTS MAY IN THE FUTURE REPLACE LIVER BIOPSY IN SOME CASES.
7. Cases presented with interactive discussion between presenter, panelists and audience, co infection of B&C, OCCULT B
8. Liver transplantation, live related donor is on the rise as there is shortage of donors and increase in demand.

In U.A.E there is a real need for Liver disease center with facilities for liver transplantation as the waiting lists in the Transplantation centers are long.

**Makki H FAYADH** FRCP Ed, FRCP London

Consultant physician and gastroenterologist

Gulf Diagnostic Center Hospital Abu Dhabi-U.A.E