

CASE REPORT

Generalized Pruritus Secondary to Acute Hepatitis A: A Case Report

Bilal Sula¹, Recep Tekin²

¹ Department of Dermatology, Faculty of Medicine, Dicle University, Diyarbakır, Turkey

² Department of Infectious Diseases and Clinical Microbiology, Dicle University, Diyarbakır, Turkey

ABSTRACT

Hepatitis A is an acute infectious disease of the liver caused by the hepatitis A virus. Many cases have little or no symptoms. In our case, a nineteen year old female patient referred our hospital because of exhaustion, jaundice and diffuse itching complaints which existed for one week. In dermatological examination, there were diffusely erythematous, excoriated papules with crusts on the body as more significant on the lower extremity. The patient was diagnosed with acute viral hepatitis A and generalized pruritus according to present findings. Cholestyramine 16 g/day and acrivastine tablet as 1x1 were started to administrate for hyperbilirubinemia and itching. The patient whose complaints regressed partially at the eighth day of the treatment was discharged by her own will. Consequently, patients with generalized pruritus who do not have any previous primary cutaneous disorders could be tested for HAV infection. *J Microbiol Infect Dis 2015;5(4): 184-186*

Key words: Pruritus, Hepatitis A, Skin manifestation

Akut Hepatit A'ya Bağlı Gelişen Jeneralize Pruritus: Olgu Sunumu

ÖZET

A-Hepatiti Hepatit A virüsünün neden olduğu bir akut karaciğer infeksiyon hastalığıdır. Pek çok vakada ya çok az semptom vardır ya da hiç yoktur. Olgumuzda, 19 yaşlarında bir kadın hasta aşırı halsizlik, sarılık ve diffüz kaşıntı şikayetleri ile devam etti. Dermatolojik muayenede, diffüz eritematöz, alt ekstremitelerde daha belirgin olmak üzere hastada kabuklu papüllerin olduğu görüldü. Hasta mevcut bulgulara göre akut viral hepatit ve jeneralize pruritus olarak teşhis edildi. Hiperbilirubinemi ve kaşıntı kontrolü için Kolestiramin 16 g/gün ve Akrivastin oral yoldan başlandı. Olgu tedavinin 8. gününde iyileşti ve kendi isteği üzerine taburcu edildi. Sonuç olarak jeneralize kaşıntısı olan ve daha önceden herhangi bir cilt rahatsızlığı olmayan hastalar HAV enfeksiyonu açısından araştırılmasında yarar vardır.

Anahtar kelimeler: Kaşıntı, Hepatit A, Cilt belirtileri

INTRODUCTION

Viral hepatitis A (HAV) is a self-limited viral infection and the most common form of acute viral hepatitis. About 1.5 million cases of hepatitis A is observed per year. Clinical manifestations of symptomatic HAV infection vary from mild, anicteric illness to fulminant hepatitis. Skin manifestations such as generalized pruritus are rarely found in HAV infection.^{1,2} In our report, we present a rare case of generalized pruritus associated with HAV.

CASE

A 19 year-old female patient referred our hospital because of exhaustion, jaundice and diffuse itching

complaints, which existed for one week. The patient was hospitalized and in the physical examination; body temperature: 37.8°C, BP: 110/70 mmHg, pulse: 80/min, general status was well and the patient was conscious. Both scleras were icteric. In dermatological examination, there were diffusely erythematous, excoriated papules with crusts on the body as more significant on the lower extremity (Figure 1). Other system examinations were normal. The patient had a history of contact with a child with Hepatitis A. Severe itching started about 1 week ago and then crusty, bleeding wounds appeared on the sites that she itched. Lesions diffused to whole body in time. Patients' blood analysis were as follows; leukocyte count: 6,800/mm³, sedimentation

Correspondence: Bilal Sula, Department of Dermatology, Dicle University, School of Medicine, Diyarbakır, Turkey
Email: bulentsula@hotmail.com

Received: 28 October 2014, Accepted: 30 November 2015

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rate: 42 mm/hour, ALT:180 IU/L, AST:76 IU/L, total bilirubin: 21,6 mg/dL, direct bilirubin: 16.4 mg/dL, indirect bilirubin: 5,2 mg/dl, Anti HAV IgM: positive, Anti HAV IgG: negative, HbsAg: negative, Anti HCV: negative. The patient was diagnosed with acute viral hepatitis A and generalized pruritus according to present findings. Since the patient did not give consent, cutaneous biopsy and immunofluorescence analysis were not carried out. Cholestyramine 16 g/day and acrivastine tablet as 1x1 were started to administrate for hyperbilirubinemia and itching. The patient whose complaints regressed partially at the eighth day of the treatment was discharged by her own will. The patient came to the control visit after 1 month and it was observed that her bilirubin and ALT levels were normal and skin lesions regressed.



Figure 1. Common erythematous, excoriated papules with crusts on the lower extremity of patient with Hepatitis A.

DISCUSSION

Hepatitis A infection is an important cause of acute viral hepatitis, especially in developing countries. It is acquired by the fecal-oral route. Person to person transmission is seen commonly. It is particularly common among children and young adults. In children the disease usually is in a anicteric subclinical course. Adults are affected by HAV are more likely to develop icteric hepatitis. Signs and symptoms of hepatitis A include: fatigue, nausea and vomiting, abdominal discomfort, loss of appetite, low grade fever, muscle pain, jaundice.^{1,2,5} Our patient have weakness, lack of appetite, yellowing of the skin and whites of the eyes, low grade fever and diffuse itching.

Pruritus is a common symptom and it is described as an unpleasant sensation that provokes the desire to scratch. Pruritus can be acute, chronic, localized or generalized. Generalized pruritus without primary skin manifestations may be the presenting symptom of cholestasis, uremia, malignant, hematologic, endocrine, and metabolic diseases. Generalized pruritus occurs in a distinct range of skin diseases such as lichen simplex chronicus, neurotic excoriations, urticaria, scabies, pediculosis, atopic dermatitis. Clinically, findings due to pruritus such as diffuse excoriation, lichenification, eczematization, postinflammatory hyperpigmentation, atrophic scars on whole body as more noticeable on the extremities.^{3,4} In our patient, there were erythematous, excoriated papules with crusts on the body as more significant on the lower extremity.

Considerable increases in laboratory parameters such as aspartate aminotransferase, alanine aminotransferase, bilirubin, alkaline phosphatase, and prothrombin time is observed in acute hepatitis.^{1,5} In our case aspartate aminotransferase level, alanine aminotransferase level and total bilirubin level was elevated.

Extrahepatic manifestations of HAV include prolonged cholestasis, relapsing hepatitis, aplastic anemia, pleural or pericardial effusion, acute kidney injury and transient arthralgias.^{1,2,5} No any complications were observed in our patients. Furthermore, skin diseases such as panniculitis, urticaria, exanthema like scarlet fever, cutaneous vasculitis, acute hemorrhagic edema, Henoch-Schonlein purpura may appear.^{4,6,7}

Treatment is symptomatic and primarily for underlying disease. A should be performed and some precautions such as routine vaccination program, improvement of hygiene conditions and informing people should be taken.^{1,2}

Like our case, hepatitis A may rarely cause generalized pruritus. Therefore, infectious diseases such as Hepatitis A should be considered for the patients who refer by diffuse, excoriated, pruritic lesions with crusts overall body.

Consequently, the patients with generalized pruritus who do not have any previous primary cutaneous disorders could be tested for HAV infection.

Acknowledgement: It is presented in Sixth Eurasia Congress of Infectious Diseases (EACID), 24-27 September 2014, Belgrade, Serbia.

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