

Cases from clinical practice

Late

Presenters

with

viral

hepatitis

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9.9.1950; female

- 22.8.21: Emergency admission due coffee ground vomiting
- Haemodynamically stabile

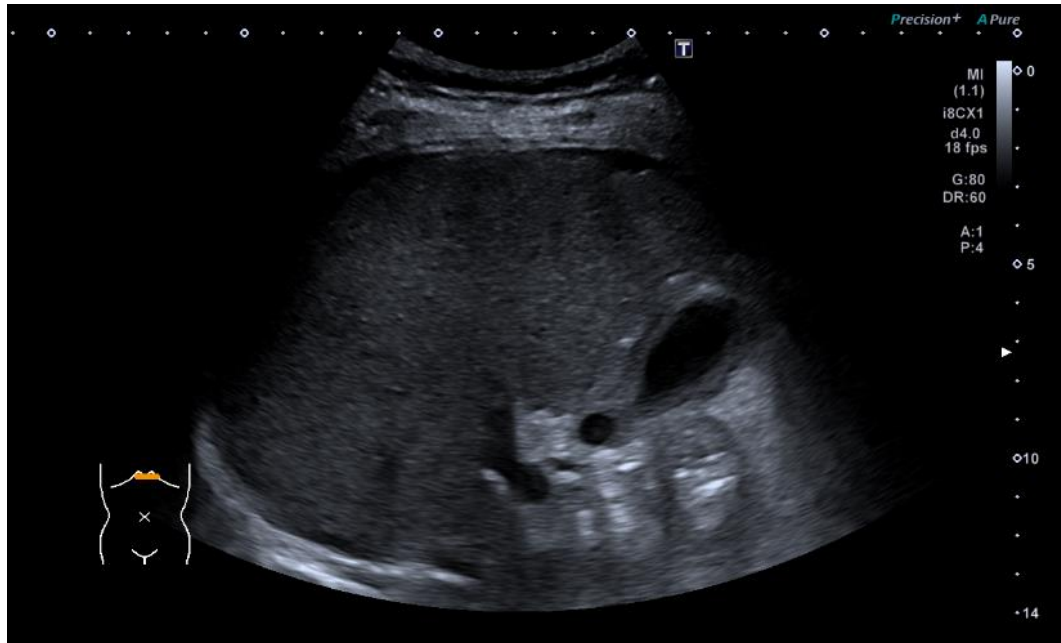
- 1969 Hepatitis B
- 1979 Liver biopsy chronic NonA-NonB hepatitis (later confirmed chronic hepatitis C), never treated
- Grew up with foster parents after suicide attempt, sexually abused
- no iv drug use, no blood transfusion
- Alcohol regularly up to 10dl wine per day
- Lives alone, divorced, no children
- Worked as nutritionist
- Misdiagnosed as hemochromatosis (HFE mutations negative), underwent regular phlebotomy

9.9.1950; female

- Hb: 63g/l
- Lc: 10.02 G/l
- Tc: 93 G/l
- INR: 1.5
- Krea: 48umol/l
- Bili: 20umol/l
- Alb. 26g/l
- GOT: 81U/l
- GPT: 45U/l
- GGT: 63U/l
- AP: 126U/L
- HAV IgG pos
- HBsAg: neg
- anti-HBc neg
- Anti-HBs neg
- Anti.HCV: pos
- HCV-RNS: 740'000IE/ml
- Gentoyp 4

9.9.1950; female

- **Ultraschall und Fibroscan**



Milz: 12cm
Fibroscan: 36.3kPa

- **Gastroskopie**



9.9.1950; female

Decompensated liver cirrhosis CHILD Pugh B8, MELD Score 13, ED 08/2021

- Chronic Hepatitis C Genotype 4 and Alcohol
 - Ascites 08/2021
 - Thrombocytopenia
 - Small esophageal varices (ÖGD 08/2021)

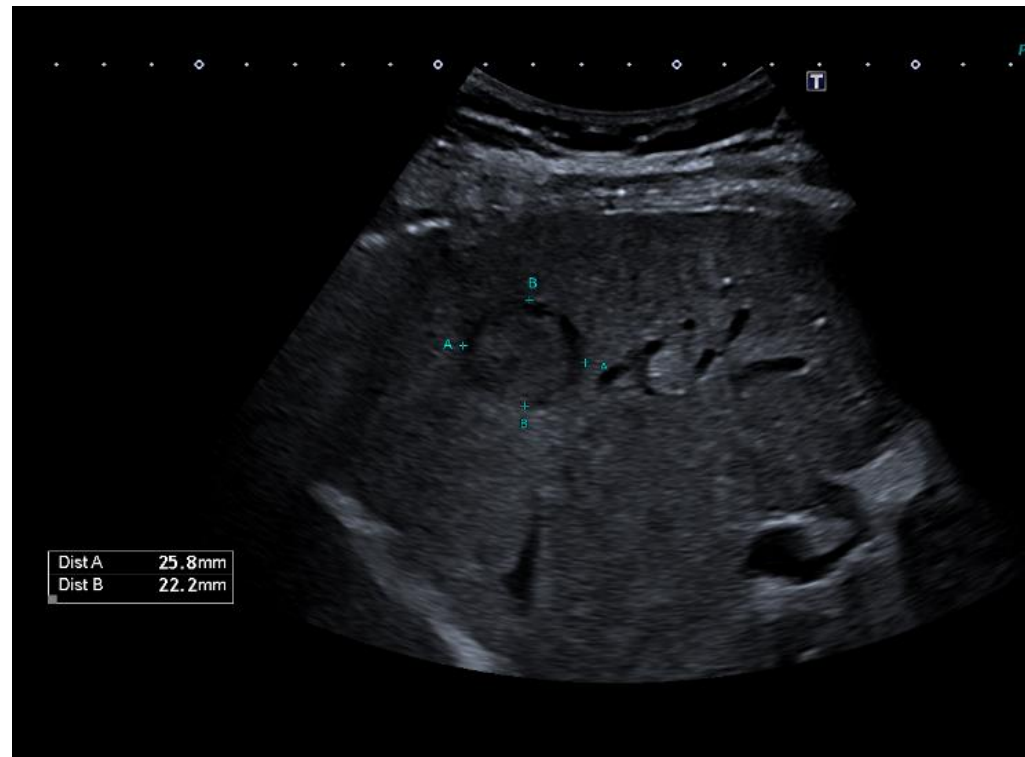
Therapy:

- Planned VEL/SOF plus Riba for 12 Wochen

Canceled her appointment

4.2.1959, female

- 16.6.21: Referred to initiate treatment for biopsy proven HCC



4.2.1959, female

- 1979 Blood transfusions during surgery for extrauterine pregnancy
- 2017 Diagnosis of chronic hepatitis C
- 2019 CT suspicion of cirrhosis
- 2021 Referred to gastroenterologist for evaluation of hepatitis c treatment, Diagnosis of HCC

4.2.1959, female

- Hb: 140g/l
- Lc: 7.69 G/l
- Tc: 159 G/l
- INR: 1.0
- Krea: 65umol/l
- Bili: 9umol/l
- Alb. 46g/l
- **GOT: 61U/l**
- **GPT: 74U/l**
- **GGT: 52U/l**
- AP: 62U/L
- **AFP: 33.0ug/l**
- HBsAg: neg
- **Anti.HCV: pos**
- **HCV-RNS: 42'000IE/ml**
- **Gentotyp 1a**
- VEL/SOF for 12 weeks, SVR 12
- Mikrowave ablation of HCC, follow-up MRI no residual tumor

8.7.1966, female

Emergency referral for in-patient evaluation on 21.08.20

Diagnosis

- Suspicion of liver cirrhosis, most likely CHILD B
- New clinically detectable ascites and peripheral edema,
- Weight gain of 5-10kg over the last four months, no fever or sweating
- Liver skin signs: palmar erythema, spider naev
- Sonography: Suspicion of cirrhosis, irregular surface rounded liver edge, ascites (approximately 2 liters)
- CRP 12, Leukopenia, Thrombozytopenie
- DD: alcohol associated (drinks 1-2 l beer daily)

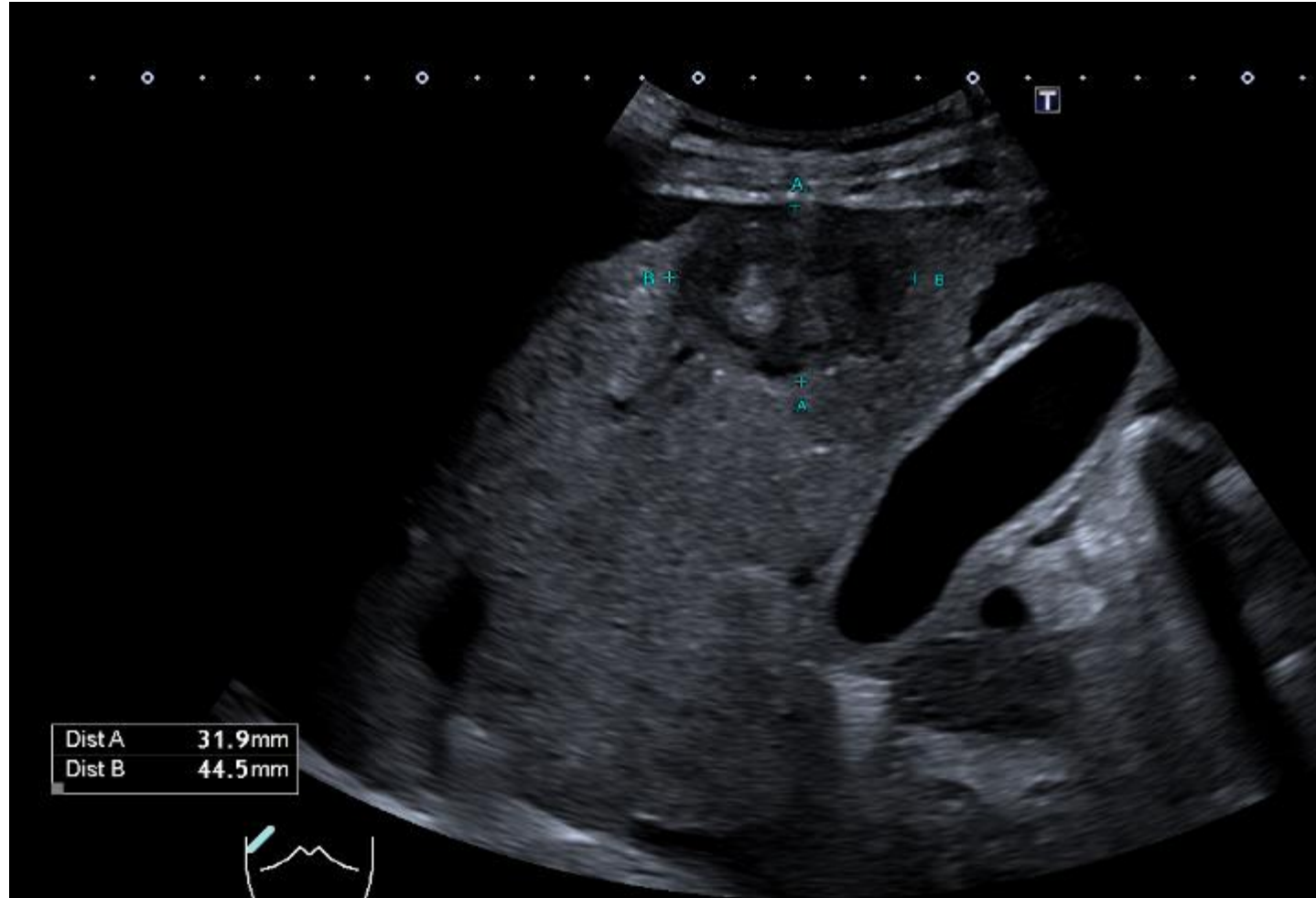
8.7.1966, female

- iv. drug use in the early 1980
- Self detoxification
- Was working regularly, not married
- Lives with her parents
- Always healthy, did not see a doctor for years
- Brother works as an ICU nurse

8.7.1966, female

- Hb: 120g/l
- Lc: 4.8 G/l
- Tc: 92 G/l
- INR: 1.7
- Krea: 52umol/l
- Bili: 39umol/l
- Alb.: 24g/l
- GOT: 133U/l
- GPT: 34U/l
- GGT: 103U/l
- AP: 125U/L
- HBsAg: neg
- Anti.HCV: pos
- HCV-RNS: 7900IE/ml
- Gentoyp 4

8.7.1966, female



8.7.1966, female

Decompensated liver cirrhosis, CHILD C(11), MELD 17, ED 20.08.20

- **chronische Hepatitis C and alcohol**
 - **Portal hypertension**
 - **Ascites**
 - **Splenomegaly and thrombozytopenia**
 - **HCC**
 - **No varices**

8.7.1966, female

- Work up for liver transplantation
 - TACE
 - Recurrent large volume paracentesis, z.T blutig
 - Hepato-renales syndrome
 - TIPS
-
- 18.10.21 Transfer to ICU due to hemorrhagic shock due to intraperitoneal bleeding
 - Small and large bowel ischemia as well as liver ischemia
 - Died on the 19. October 2020

27.11.1965, male

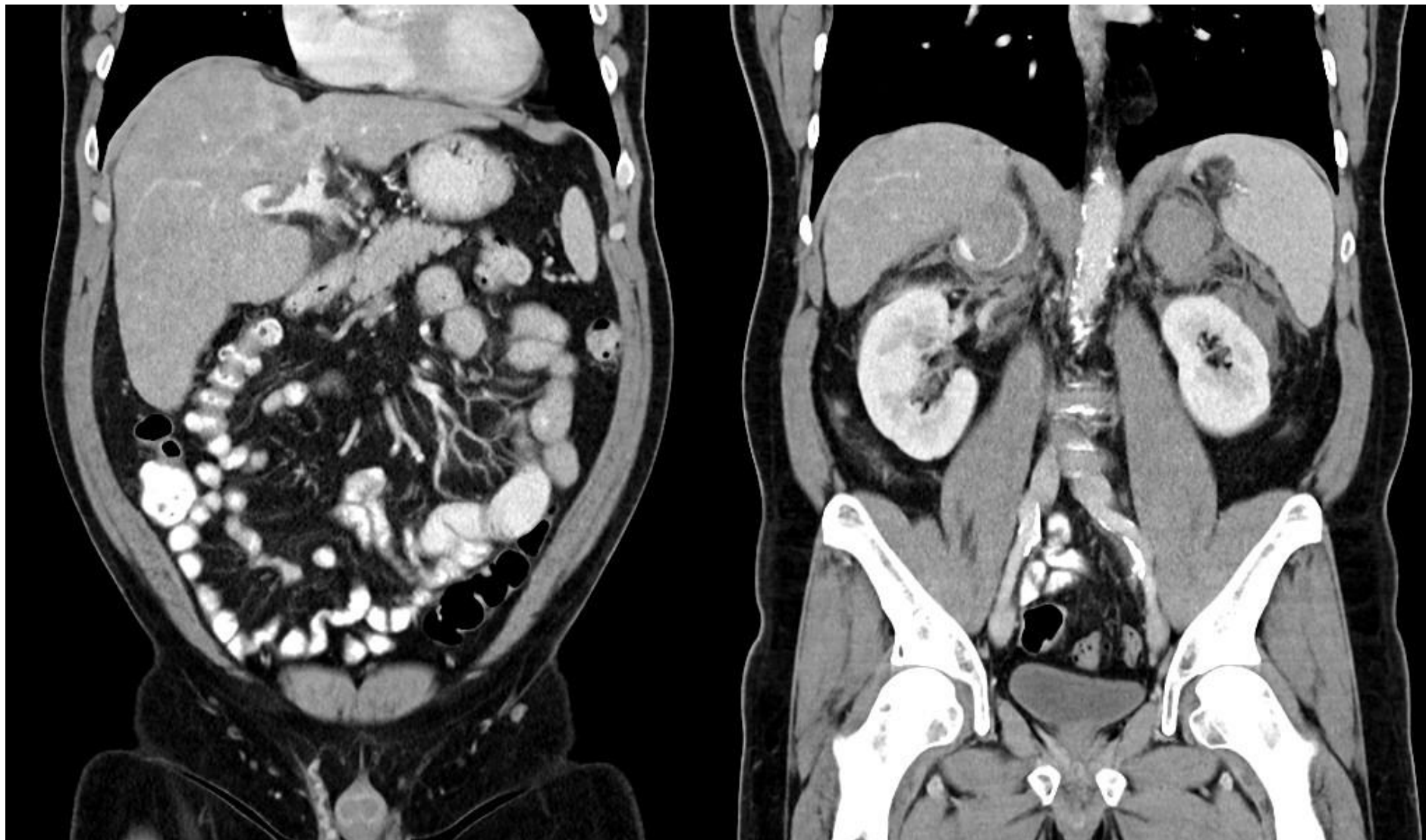
9. 7. 2020: CT examination in an outside radiological institute

- Referred by family physician: left lower quadrant abdominal pain, slight tenderness, no fever. Perforated diverticulitis?

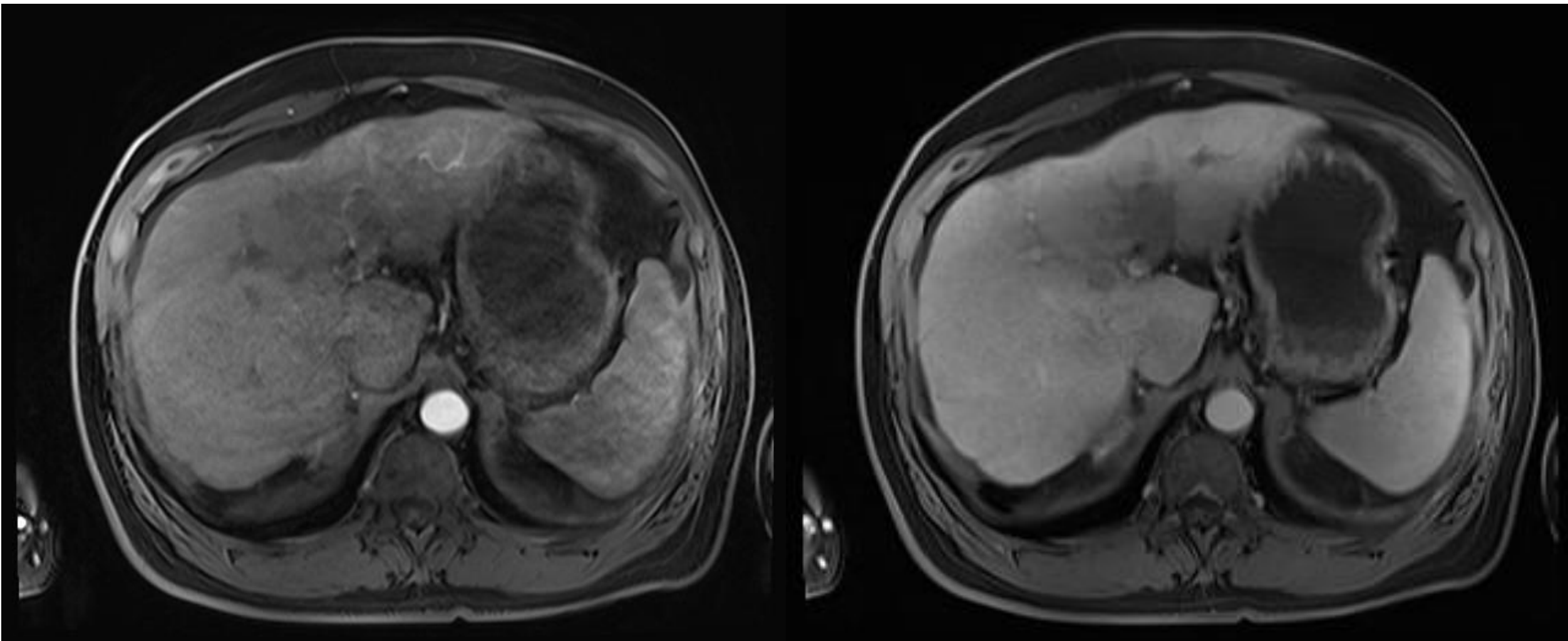
Call for the radiological institute to our emergency room.

- Portal vein thrombosis
- Bilateral large adrenal mass with suspicion of bleeding
- Thickened gallbladder wall
- No evidence for large bowel pathology

27.11.1965, male



27.11.1965, male



27.11.1965, male

Liver biopsy: HCC with haemangiosis carcinomatosa

27.11.1965, male

Risik factor

iv. drug use in the early 1980

Self detoxification

Full time employment as warehousman

Live alone

One child

27.11.1965, male

- Hb: 123g/l
- Lc: 8.13 G/l
- Tc: 56 G/l
- INR: 1.5
- Krea: 62umol/l
- Bili: 37umol/l
- Alb. 31g/l
- GOT: 169U/l
- GPT: 130U/l
- GGT: 331U/l
- AP: 142U/L
- AFP: 7.6ug/l
- HBsAg: neg
- Anti.HCV: pos
- HCV-RNS: 11'000IE/ml
- Gentoyp 1b

27.11.1965, male

Decompensated liver cirrhosis, CHILD B(7), MELD 17, ED 09.07.20

- **chronische Hepatitis C Portal hypertension**
 - **Ascites**
 - **Splenomegaly and thrombozytopenia**
 - **HCC BCLC C**
 - **Small varices**

E.V. 27.11.1965, male

- Lumbar spine metastases
- Pathological fracture of the femoral neck
- 25.8.20 Surgical repair
- 26.8.20 Admitted to ICU due to liver decompensation
- 2.9.20 gram negative sepsis
- 3.9.20 died

Summary

