Letter to the Editor: Infectious Mononucleosis and Cholestatic Hepatitis

Carta ao Editor: Mononucleose Infecciosa e Hepatite Colestática

Keywords: Cholestatic Hepatitis/diagnosis; Infectious Mononucleosis
Palavras-chave: Hepatite Colestática/diagnóstico; Mononucleose Infecciosa

Dear Editor,

Recently, Salgado C et al described in this journal an uncommon condition in a 14-year-old female, which is cholestatic hepatitis caused by Epstein-Barr virus infection. The patient had jaundice, hepatosplenomegaly, pharyngitis, lymph node enlargement, and facial and neck edema. Blood tests showed indicative findings of mixed hepatic injury: direct bilirubin (12.9 mg/dL), γ-glutamyl transpeptidase (413 IU/L), alkaline phosphatase (260 IU/L), and aminotransferases (697 and 294 IU/L). Total leukocyte count was 19830/µL, with 58.9% lymphocytes. Serological test controls were consistent with acute infection by Epstein-Barr virus (IgM: 70 and 29 IU/mL; IgG: 25 and 156 IU/mL).

The authors emphasized the levels of direct bilirubin (6.3 mg/dL), γ-glutamyl transpeptidase (173 IU/L), alkaline phosphatase (488 IU/L), lactate dehydrogenase (872 IU/L) and aminotransferases (245 and 294 IU/L), indicative of mixed hepatic injury. Worthy of note, the total leukocyte count was 22100/µL, with 89.6% lymphocytes. With symptomatic management the evolution was favorable, and there was complete clinical recovery after six weeks.

Comments are herein added about the case described in 2013 of a 21-year-old male with cholestatic hepatitis due to infectious mononucleosis, before use of any medicine. The patient had jaundice, hepato-splenomegaly, pharyngitis, lymph node enlargement, and facial and neck edema. Blood tests showed indicative findings of mixed hepatic injury: direct bilirubin (12.9 mg/dL), γ-glutamyl transpeptidase (413 IU/L), alkaline phosphatase (260 IU/L), and aminotransferases (697 and 619 IU/L). Total leukocyte count was 19830/µL, with 58.9% lymphocytes. Serological test controls were consistent with acute infection by Epstein-Barr virus (IgM: 70 and 29 IU/mL; IgG: 25 and 156 IU/mL).

He was successfully managed with clinical and nutritional support, as well as symptomatic treatment. Since there was clinical improvement, he was discharged on Day 15. The authors highlighted that in acute infectious mononucleosis, aminotransferases may be moderately elevated in 80% to 90% and alkaline phosphatases in 60%; discrete elevations of bilirubin occur in 45%, whereas jaundice is found in only 5% of patients.

In both case studies, the major differential diagnoses were ruled out and definite etiology was consistently established without the need of costly or invasive procedures.

REFERENCES


Vitorino Modesto dos SANTOS

1. Department of Internal Medicine. Hospital das Forças Armadas. Brasília, Brazil.
2. Universidade Católica. Brasília, Brazil.

Autor correspondente: Vitorino Modesto dos Santos. vitorinomodesto@gmail.com

Recebido: 03 de janeiro de 2018 - Aceite: 05 de janeiro de 2018 | Copyright © Ordem dos Médicos 2018

https://doi.org/10.20344/amp.10173