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Research Article

**A CASE STUDY ON RISING NUMBERS OF NON-B, NON-C
HEPATITIS PATIENTS PRESENTING AT RURAL CENTRE
FOR TREATMENT**¹Dr Sajida Razzaq, ¹Dr Hafiz Adil Umer, ²Dr. Areeb Sarfraz¹Shalamar Medical and Dental College Lahore²Kaniz Fatima Maternity Home, Faisalabad**Abstract:**

Introduction: A main public health problem now a day is Chronic Liver Disease (CLD). High rate of use of alcohol in Europe, USA and in Asian countries, HBV and HCV are the main cause of CLD about seventy-five percent. HBV and HCV are the leading causes of this viral spreading in Pakistan but there are some other available causes responsible for this disease

Objectives: It is research of hepatitis B and C negative chronic liver disease (CLD) occurrence and mortality in non-urban areas of our country. Methodology: information was gathered from 176 sufferers admitted with CLD in hospital during last 2 months. Seronegative sufferers were kept away from seropositive. Results: For both viral markers, 35 patients (20%) were negative. They were close to death at the time of their arrival in hospital than the patients of seropositive. Conclusions: Viral markers were negative in a large amount of the sufferers of CLD. Those sufferers were near to death, and can give other reasons of CLD as some might get benefit from good dealings or available methods of curing.

Keywords: Hepatitis, CLD, Medical, ward, Viral Markers.

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INTRODUCTION:

A main public health problem now a day is Chronic Liver Disease (CLD). High rate of use of alcohol in Europe, USA and in Asian countries, HBV and HCV are the main cause of CLD about seventy-five percent. HBV and HCV are the leading causes of this viral spreading in Pakistan but there are some other available causes responsible for this disease [1]. The use of the already used injection syringes by the quakes in the non-urban areas is another cause of spreading these kind of viruses which is the cause of a large number of cases about 69%. In our country, the reputation of antibodies of HCV is about six percent and antigen of Hepatitis B is about three percent. CLD is caused by the chronic hepatitis C and B. their outcome is in the form of tension, carcinoma and hepatic lack [2]. Although in Pakistan viral hepatitis is the cause of CLD. It may include some other less common and easily treatable diseases. About seventeen percent of patients have found with connection to HCV at our study place (examined data). However, those patients have not yet been studied in these regions who are not the victim of these two viruses but facing the CLD. The main objective of this research was to know about the quantity of the sufferers of those patients who had viral markers as negative.

PATIENTS AND METHODS:

One hundred and seventy-six sufferers admitted with CLD in medical ward during 2016 to 2027 were studied. CLD was result of clinical, laboratory and ultrasound scans. Stigmata of cirrhosis discovered by clinical features are the laboratory findings. These tests include different kinds of test carried after taking samples of blood and urine. Ultrasound tests trails suggestive of cirrhosis comprised withered liver, fine liver brims etc.

Patients who were fulfilling the above mentioned criteria were the part of the study.

Advanced CLD was found in all the patients with features requiring admission. Viral hepatitis markers were available in our center lower economic costs for patients which were totally causing the just expenses to the patients. This facility was available for the patients who did not have the results of these tests or declared as seronegative. Chi square tests were carried out o know about the significance. Less than 0.05 of p-value was important. For judgments with noteworthy *p* values, calculation of the confidence period was 95 percent. Ethic department of the hospital gave approval for this research.

RESULTS

Sufferers were separated into two groups - seropositive and seronegative. There were both male and female patients respectively 105 and 71. Seronegative patients were thirty-five and all other remaining's were with seropositive. 52 years was there were different signs at the time of admission of the seronegative group mean age whereas for viral marker positive group, it was 46 years. Seronegative group contains 18 and 17 females and males respectively, and there were fifty-three females and eighty-eight males in the other group. Hepatitis C virus caused CLD in ninety-eight patients and Hepatitis B virus alone caused thirty-five patients. There were eight both and the remaining thirty ese patients as bleeding, illness and ascites etc but twenty-five have different signs difficult to recognize visibly. Twenty-five patients out 176 died during admission time. Among the seropositive patients sixteen deaths occur out of 141 and nine deaths occur among the 35 seronegative patients.

	Sero Positive	Sero Negative	P- Value
Males	88	17	NS
Females	53	18	NS
Age	(average) 46 years	52 years	NS
HCV	98		
HBV	35		
Both	8		
Mortality during admission	16/141	9/35	0.029
	11%	25%	

DISCUSSION:

CLD is caused by HBV and HCV ⁱⁿ Pakistan. Various studies in Pakistan guesstimate that the

occurrence of contact to HBV is less than 3.5 and HCV is about 7% but these values can increase up to more than 15% for HCV in our areas [3]. In this

research, a large number of the patients had HCV which happened to be the leading cause of CLD. There is a decrease in HBV rates because of the awareness of the general public and vaccination. 6% of cases were infected with B and C [4]. Men were suffering more in quantity than women. Men quantity was greater than 40 percent than women. This is due to the exposure of the risk factors to men [5]. Men were the easy prey to these factors. But women were a little bit more seronegative than men in quantity. 46 years was the average age of patients in this research as previously done in many studies [6].

Cirrhosis was main reason of most of the admissions. More than 60% admissions were caused by Bleeding varices, hepatic encephalopathy, hepatorenal syndrome and ascites. Non CLD caused the admission of more than 35%. 14% death happened during admission [7].

A large amount of patients of CLD are suffering from chronic Hepatitis B and C and other causes are not of much significance but cannot be ignored. Use of drugs and alcohol are the other common causes [8]. Seronegative patients and patients with viral aetiology have different mortality rates. 33 deaths were caused by the CLD in the northern areas of Pakistan in which only nine percent were caused by the non-viral aetiology. But these were not further interrogated. HCV and/ or HBV was present in the rest of cases [1]. In this study twenty-five CLD sufferer died, sixteen were found with viral aetiology and nine did not have any. This is a greater than the aforementioned study [9]. But the aforementioned study does not provide us with the data about the quantity of the patients admitted in which group. Our study involves one hundred and forty-one patients of viral aetiology positive group and thirty-five of seronegative group out of total 176 [10]. There was an eminent dissimilarity in death rates of both the groups. twenty-five patients died in which seropositive group were 16/141 and seronegative patients were 9/35 - $p = 0.029$; $OR = 0.37$ - $95\%CI = 0.15 - 0.93$. The survival of seronegative patients was at higher risk [11].

One current gave the values of mortality for said epidemic. It confirms the preference of interrogating the seronegative sufferers at their initial stage. Lack of education and less awareness in their primary doctors are the main factors of restriction. So, it is important to bring such patient out of general treatment when they are curable [12]. Exact treatment at the early stage of the disease can save the lives. Economic costs are also the cause of many deaths because our country is basically a poor country where

seventeen percent people are under poverty line earning less than one dollar per day and 73.6% people earns less than two dollars. in our center poverty is the main problem of rural areas. Tests for diseases are very expensive for them. So, government and private departments should work together to help such people [13].

For the first time this type of study was done in non-urban areas of Pakistan. It has raised a very important issue which may secure many lives. However, this case is restricted to the patients with negative basic viral markers facing financial problems. Non-viral liver disease is deeply elaborated with the help of this study.

Recommendations

This attempt throws light on the significance of the rare causes of CLD in patients who are not positive on viral markers studies. These types of investigations are very costly so government and private departments should join to help the patients and save them from unnecessary death.

CONCLUSIONS:

Viral markers were negative in a large amount of the sufferers of CLD. Those sufferers were near to death, and can give other reasons of CLD as some might get benefit from good dealings or available methods of curing.

REFERENCES:

1. de Martel, C., et al., World- wide relative contribution of hepatitis B and C viruses in hepatocellular carcinoma. *Hepatology*, 2015. 62(4): p. 1190-1200.
2. Duseja, A., et al., Non-alcoholic fatty liver disease and metabolic syndrome—position paper of the Indian National Association for the Study of the Liver, Endocrine Society of India, Indian College of Cardiology and Indian Society of Gastroenterology. *Journal of clinical and experimental hepatology*, 2015. 5(1): p. 51-68.
3. Kim, J.-H., et al., A systematic review of the epidemiology of hepatitis E virus in Africa. *BMC infectious diseases*, 2014. 14(1): p. 308.
4. Hui, Y., *Hepatitis A and E Viruses*, in *Foodborne Disease Handbook*, Second Edition. 2017, CRC Press. p. 41-94.
5. Stücker, D., The 8th Asia-Pacific Primary Liver Cancer Expert Meeting (APPLE 2017). *The Art & Science of Conquering Liver Cancer*. Singapore, July 14-16, 2017: Abstracts. *Liver Cancer*, 2017. 6(Suppl. 1): p. 1-71.
6. Rashad, N.M., et al., Impact of insulin-like growth factor 2, insulin-like growth factor receptor 2, insulin receptor substrate 2 genes

- polymorphisms on susceptibility and clinicopathological features of hepatocellular carcinoma. *Cytokine*, 2014. 68(1): p. 50-58.
7. David, D., et al., Risk factors for non-alcoholic fatty liver disease are common in patients with non-B non-C hepatocellular carcinoma in India. *Indian Journal of Gastroenterology*, 2017. 36(5): p. 373-379.
 8. Freitas, N.R.d., et al., Hepatitis E virus infection in patients with acute non-A, non-B, non-C hepatitis in Central Brazil. *Memórias do Instituto Oswaldo Cruz*, 2016. 111(11): p. 692-696.
 9. Azam, M.G., et al., Seroprevalence of Hepatitis B and C Virus Infections among Type 2 Diabetic patients in a tertiary care diabetic centre in Dhaka City. *Int J Gastroenterol Hepatol Transpl Nutr*, 2016. 1: p. 17-22.
 10. Allain, J.-P., Global epidemiology of occult HBV infection. *Annals of Blood*, 2017. 2(5).
 11. AbuOdeh, R., et al., Detection and genotyping of torque teno virus (TTV) in healthy blood donors and patients infected with HBV or HCV in Qatar. *Journal of medical virology*, 2015. 87(7): p. 1184-1191.
 12. Alhethel, A. and M.M. El-Hazmi, Hepatitis G virus in Saudi blood donors and chronic hepatitis B and C patients. *The Journal of Infection in Developing Countries*, 2014. 8(01): p. 110-115.
 13. Yuen, M.-F., Occult Hepatitis B Infection, in *Hepatitis B Virus and Liver Disease*. 2018, Springer. p. 297-313.