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Prospective study of post-transfusion hepatitis after cardiac surgery in a British centre

J D COLLINS, M F BASSENDINE, A A CODD, A COLLINS, R E FERNER, O F W JAMES

Abstract

A series of 248 consecutive patients undergoing cardiac surgery were examined in a prospective study of posttransfusion hepatitis in a single British centre. Patients received a total of 1796 units of blood or blood products (mean blood transfusion 6.28 units per patient). During five to 30 days after operation 38 of the patients showed an increase in serum transaminase activities. There was no serological evidence for fresh infection by hepatitis A or B virus, cytomegalovirus, Epstein-Barr virus, or herpes virus in any of these patients. The increase in transaminase activities was unexplained and reached over 100 IU/1 (normai < 40 IU/1) in six patients. The incidence of acute short incubation post-transfusion non-A, non-B hepatitis was therefore thought to be 2.4%.

D COLLINS, MB, MBCP, research fellow M F BASSENDINE, BSC, MBCP, first sustant in medicine R E FERNER, MSC, MBCP, registrar O F W JAMES, MM, FRCP, reader in medicine (geristrics)

Department of Virology, Newcastle General Hospital, Newcastle upon Tyne NE4 6BE

A A CODD, MD, DIP BACT, consultant virologist

Northern Regional Blood Transfusion Service, Newcastle upon Tyne

A COLLINS, MB, 35, MRCPATH, consultant haematologist

Correspondence to: Dr O F W James

These six patients had normal liver function six months after transfusion but a further two of the surviving 228 patients had raised serum transaminase activities at six months. In one of these, liver biopsy disclosed chronic persistent hepatitis; in the other, alcoholic liver disease was suspected. The incidence of significant chronic liver disease after blood transfusion possibly attributable to a non-A, non-B hepatitis agent was therefore only 0.4%.

Introduction

No major British prospective study of post-transfusion hepatitis has been carried out in the era of sensitive serological tests to exclude infection with hepatitis A virus or hepatitis B virus; thus no clear indication of the recent incidence of post-transfusion non-A, non-B hepatitis in Britain is available. In the most recent major British study conducted between 1969 and 1971,¹ in which tests for hepatitis B surface antigen (HBsAg) and anti-HBs were carried out by immunodiffusion, the probable incidence of non-A, non-B post-transfusion hepatitis was 30 out of 768 patients (3.9%).

We decided to study non-A, non-B post-transfusion hepatitis in a single centre in Britain; in particular we wished to examine the frequency with which clinically significant chronic liver disease might arise.

Patients and methods

We studied prospectively 248 consecutive patients over the age of 16 who were undergoing both routine and emergency cardiac surgery. A clinical history and results of examination were recorded for each patient, taking particular note of previous jaundice, hepatitis, blood transfusion, drug treatment, and the presence of liver disease.

Department of Medicine, Freeman Hospital, Newcastle upon Tyne, NE7 7DN