

# Hepatitis

A. B. C. D. E

**MCQs**

- True about hepatitis A :
  - can cause chronicity
  - antigens found in bile secretion and stool
- Wrong about hepatitis B :
  - can cause chronicity
  - anti hep E with infectious state ?
- A 55-year-old man is evaluated in follow-up after a recent routine screening for antibody to hepatitis C virus (HCV) was positive. His medical history is unremarkable; he has not used illicit drugs or had any history of blood transfusions. He currently feels well and takes no medications. Vital signs and physical examination are normal. Laboratory studies reveal a positive HCV antibody test, but HCV RNA testing is negative. The serum alanine aminotransferase level is normal. Which of the following is the most appropriate diagnostic test to perform next?
  - Perform liver ultrasound
  - Perform serial alanine aminotransferase monitoring
  - Repeat HCV antibody testing
  - Repeat HCV RNA testing ??
  - No further testing ??
- A patient has the following laboratory results: HBsAg is positive, Anti-HBc IgM is positive, and HBeAg is positive. All other serologies are negative. She is diagnosed with acute hepatitis B. When interpreting hepatitis B serology results, the term "window period" refers to the time between which of the following?
 

Select one:

  - Anti-HBs and anti-HBc positivity
  - Clinical symptoms and anti-HBs
  - HBsAg and anti-HBs positivity**
  - HBsAg and HBeAg positivity
  - Increased transaminases and HBs
- High mortality in hepatitis E epidemics is seen in
  - Children
  - Pregnant women**
  - Elderly men
  - Elderly women
  - Immunocompromised patients

- One of the following is true in hepatitis C infection.

Select one:

- a. Hepatitis C vaccine is usually given to medical staff
- b. HEV DNA testing is standard for viral replication measurement
- c. Cirrhosis develops in 85% of those patients**
- d. It is associated with polyarteritis nodosa (PAN)
- e. Patients who already reached cirrhosis should be treated for hepatitis c infection

- All of the following are true in hepatitis A infection, except: Select one:

- a. Doesn't lead to cirrhosis
- b. Creates no risk of hepatocellular carcinoma
- c. Transmitted feco orally 4 weeks before the appearance of symptoms**
- d. HAV particles can be demonstrated in feces by electron microscopy
- e. 1-2 weeks after the onset of the viremic phase jaundice appears

- Highly infective **chronic** hepatitis B is suggested by?

- a. Elevated liver enzymes, HBeAg+, anti-HBc IgM+
- b. Normal liver enzymes, HBeAg+, anti-HBc IgG+
- c. Normal liver enzymes, HBeAg-, anti-HBc IgG+
- d. Elevated liver enzymes, HBeAg+, anti-HBc IgG+**
- e. Elevated liver enzymes, HBsAg, HBsAb

the presence of HBeAg (indicating active viral replication), and the persistence of anti-HBc IgG (indicating past exposure to the virus).

- A 42 Y/O dentist is reviewed in the medical clinic complaining of persistent lethargy . routine blood show abnormal live function test so hepatitis screen is sent, the result are shown, Anti-HAV IgG negative , HBsAg negative , Anti-HBs positive , Anti-HBc negative , Anti-HCV positive . what do these results most likely demonstrate?

- a) Hep. B infection
- b) Hep. C infection
- c) Previous vaccination to hepatitis B and C
- d) Hepatitis C infection with previous hepatitis B vaccination**
- e) Hep. B and C infection

- Diagnosis of Hepatitis E : **Anti Hepatitis E titers**

- hepatitis A doesn't cause

**HCC**

- Most common cause of cirrhosis in our region?

**A. Viral hepatitis**

B. Autoimmune hepatitis

C. Budd–Chiari syndrome

D. Alcohol

E. Wilson’s disease

- Not used in diagnosis of hepatitis?

A. HBsAg

B. HBV DNA

C. Anti-HBc

**D. HBcAg**

E. Anti-HBe

- true regarding hepatitis D :

**infection with that virus should be associated with hepatitis B patient ( there was other true choice??? that Hep. D and Hep. B coinfection lead to increase chronicity ? )**

- Not hepatitis C mode of transmission

**- feco oral**

- early finding in hepatitis b ...

**HBsAG**

- Not side effects of interferon TT hepatitis B:

**a. Irreversible hair loss**

b. Depression

c. ?

Answer: A (it is a reversible hair loss)

- Correct about hepatitis B:

a. HbsAg is positive during the prodrome

b. HbsAg is positive during the acute and chronic phase ??

c. HbsAg is more likely to be positive in carrier in western countries than eastern countries

d. HbsAg is invariably present if the patient is jaundiced during the acute infection

• A patient with RUQ pain, fever, chills, rigors, clay colored stool and dark urine. Diagnosis is:

**A. Acute hepatitis**

B. Ascending cholangitisi

C. Acute cholecystisi

• All of the following medications are being used in chronic hepatitis B, except:

a. Lamivudine

**b. Ribavirin**

c. Pegylated interferon

d. Adefovir

e. Entecavir

• All the following hepatitis viruses are RNA Except.

a- hepatitis A

**b- hepatitis B**

c- hepatitis C

d- hepatitis D

e- hepatitis E

• All the following are recognized complications of Hepatitis C infection Except.

a- diffuse proliferative glomerulonephritis.

b- hepatocellular carcinoma

c- liver cirrhosis

d- chronic hepatitis C infection

e- cryoglobulinemia

• All the following are true about hepatitis A ,except.

a. has an incubation period of 2-4 weeks.

**b. it is transmitted during vaginal delivery.**

c. does not cause chronic hepatitis.

d. may cause hepatosplenomegaly.

e. a vaccine is available.

- All of the following factors are associated with rapid progression of chronic hepatitis C to cirrhosis

- A. Acquiring the infection at older age

- B. Female sex**

- C. Alcohol use

- D. HIV Co-infection

- E. HBV Co-infection

- In regard to hepatitis C and pregnancy, all of the following is true except :

- A. The rate of transmission from mother to baby during delivery is around 6%

- B. Transmission is higher in vaginal delivery comparing to cesarian**

- C. Higher rate of transmission is seen if the mother is co-infected with HIV

- D. Severe hepatitis is rare in infected infants Breast-feeding is safe

- What Anti-HBs mean?

- A. indicates immunity**

- B. increased severity and infectivity

- C. continual viral replication

- D. recent HBV infection

- Hcv quantitation of activity detected by?

- Pcr ??**

- Alt

- alp enzyme

- Anti hcp

# Mini-OSCE

- This patient has positive anti-HBs antibody
- What's the most important test?
  - **HBV DNA**
- Other markers that'll show liver status?
  - **PT\INR**
  - **Albumin levele**
- After 6 months, most important follow up?
  - **US**
  - **LFT**
- Mention clinical tests for liver function?
  - **Ascites**
  - **Hepatic encephalopathy**



1) what are 3 physical sign you may see ?  
(palmar erythema/ ascites/ bilateral lower limb edema/ spider nevi /gynecomastia.....)

2) What investigation you will order?  
(liver function test/liver enzymes)

3) if his brother have HBV infection from 2 months,  
what will you order to your P.t (not his brother) ?  
(HBs Ag)

4) If patient come with massive hematemesis  
(esophageal varices) , give 2 line management to  
keep vitals ?

اهم خطوة الدكتور بده IV fluids لأنه hypotension

Sclerotherapy ...



The patient complaining from hepatitis A and his INR  $>2.1$  what is the best management to do?

- A. ICU
- B. SUPPORTIVE**
- C. Anticoagulant
- D. Antibiotic



## **Station 7**

## **patient known to have Hepatitis B**

**Q<sub>1</sub> : what is the name of the hand deformity ?**

**Duputyren's contracture**

**Q<sub>2</sub> : two serological tests to confirm the presence of the disease?**

**HBsAg ,HBeAg**



Q11 : 20 Year old male , came with fever followed by this picture , what is the best Lab to reveal the diagnosis ?

- **HbsAg**
- Liver Function Test
- CT
- ALP

