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Clinical evaluation of rheumatologic manifestations in hepatitis B & C

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Introduction: Although most of patients with chronic hepatitis B or C are asymptomatic, an appreciable number will experience symptoms that are due to the liver disease or rheumatologic manifestations of HBV and HCV infection. Recognition of these symptoms will lead to early diagnosis and treatment of hepatitis B and C.

Material and Methods: 100 patients, 95 infected with HBV and 5 with HCV were recruited from the hepatitis clinic. All patients were questioned for their age, marriage, job, education and rheumatological symptoms and were examined carefully for oral and cutaneous manifestations, tenosynovitis, enthesopathy, arthritis, and joint effusion.

Results: Out of 100 patients, 66 were male, 34 were female, and mean age was 38.7 years (45±29). In 36% of patients their hepatitis has been discovered occasionally at routine checkup. CRP in 65% of patients and RF in 77% and ANA in 90% was negative. 69% of patients had fatigue and 41% myalgia. LBP was been presented in 50% and morning stiffness in 32% and numbness in 28% of patients. On examination, 24% had dry mouth oral apheta in 26%, rush 4%, raynaud's 6%, CTS 19%, palmar tenosynovitis 11%, enthesopathy 21% and arthritis in 32% of patients. Arthralgias and arthritis most commonly involved the medium and large size joints. The most of arthralgias and arthritis were mono or oligo arthrcular and all of them were symmetrically.

Conclusion: Hepatitis B and C can present with rheumatologic manifestations. Risk factors or a history of jaundice should be included in the history of present illness of any patient with arthritis or unexplained other rheumatic problems. The predominant clinical findings include icterus, dry mouth, oral apheta, CTS, clubbing, enthesopathy and arthritis. Although symmetrically mono-oligo arthicular involvements in medium and large size joints are the most common pattern, there is not a single clinical picture of arthritis in patients with HBV or HCV infection.

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Cyclosporin a combined with gentamicin suppressed human Wa rotavirus replication *in vitro* and *in vivo*

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Rotavirus infection is the most common cause of acute diarrheal diseases among infants and young children worldwide. This work investigated whether cyclosporin A (CsA) combined with gentacimin inhibits human Wa rotavirus replication in HT-29 cells and in neonate BALB/c mice model. CsA combined with Gentacimin after Wa rotavirus infection significantly suppressed virus replication/infection, which is evidenced by reduced rotavirus antigen, decreased expression of rotavirus RNA, protein and infectious viruses in intracellular and extracellular. The inhibition of Wa rotavirus replication/infection by CsA combined with gentacimin can restore the expression of IFN-β in HT-29 cells. And CsA combined with gentacimin treatment of Wa rotavirus-infected HT-29 cells upregulated the expression of IFN regulatory factor-5, 7 and β-transducin repeat containing protein and inhibited the expression of suppressor of cytokine signaling-1, protein inhibitor of activated signal transducers and activators of transcription-1 and y, the primary negative regulators of IFN signaling pathway. CsA combined with gentamicin treatment of Wa rotavirus-infected-neonate mice shortened the recovered time against Wa rotavirus infection and speeded up the elimination of rotavirus antigen. These findings indicate that further evaluation and characterization of the CsA combined with gentacimin on Wa rotavirus-infected diarrhea are warranted.

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