

## Hepatitis A Virus induces transient remission in a child with persistent Immune-thrombocytopenia

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**Background:** The risk of immune-mediated thrombocytopenia after hepatitis A virus (HAV) infection has been rarely reported. However, the role of HAV in inducing remission of ITP is unknown. **Methodology:** We report an 11 years old male child who presented with multiple ecchymotic patches, no organomegaly and low bleeding score. His platelet count was  $10,000/\text{mm}^3$ , hemoglobin was 11.8 gm/dl, with otherwise normal indices; initial bone marrow aspirate was suggestive of ITP. An initial low platelet count (PC) prompted oral methylprednisone therapy 2mg/kg/d for 2 weeks. PC increased to  $150,000/\text{mm}^3$  and steroids were tapered over two weeks. On day 28 PC dropped to  $30,000/\text{mm}^3$  while still on steroids 5mg on alternate days. Steroids were stopped and PC fluctuated around  $50,000/\text{mm}^3$  through day 56 with no significant bleeding. The patient developed an episode of acute hepatitis A after 60 days with ALT 800 IU/L, direct bilirubin 4mg/dl and positive antiHAV IgM. His Hb was 11.4gm/dl, WBCs  $3,500/\text{mm}^3$  and PC peaked to  $182,000/\text{mm}^3$ . Through the following two weeks the hepatitis episode resolved and PC dropped to  $80,000/\text{mm}^3$ . During the following month PC dropped further to  $55,000/\text{mm}^3$  then gradually rose to  $> 150,000/\text{m}^3$  during the following 4 weeks and remained at this level for a follow-up period of 6 months without any platelet enhancing therapy. **Conclusion:** The natural course of ITP is variable with repeated remissions on therapy and whether HAV modifies this course is possible but remains to be elucidated.