



Cases of transfusion-transmitted hepatitis E have rarely been documented in immunosuppressed patients, mainly after receiving frozen plasma” Riveiro-Barciela et al (2016).

Abstract:

BACKGROUND: Acute hepatitis E in industrialized countries is usually related to intake or manipulation of undercooked or raw meat. Cases of transfusion-transmitted hepatitis E have rarely been documented in immunosuppressed patients, mainly after receiving frozen plasma.

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STUDY DESIGN AND METHODS: A 61-year-old man was admitted to hospital for jaundice. His personal history included disseminated bacillus Calmette-Guerin infection treated with antituberculous drugs. He had received red blood cell (RBC) transfusion 2 months previously, during admission for mycotic aneurysm surgery. Since liver function tests worsened despite stopping antituberculous drugs, other causes of acute hepatitis were explored.

RESULTS: Acute hepatitis E was diagnosed by the presence of both immunoglobulin M and hepatitis E virus (HEV) RNA. Traceback procedure for the 8 RBC units was carried out, and

one of the eight archive plasma samples tested positive for HEV RNA, with an estimated viral load of 75,000 IU/mL. Phylogenetic analysis revealed the same HEV strain Genotype 3 in one of the transfused RBC products and in the patient's serum sample.

**CONCLUSION:** Transfusion of RBCs with detectable HEV RNA is a risk factor for acute hepatitis E in immunocompetent patients in Europe.

Reference:

Riveiro-Barciela, M., Sauleda, S., Quer, J., Salvador, F., Gregori, J., Pirón, M., Rodríguez-Frías, F. and Buti, M. (2016) Red blood cell transfusion-transmitted acute hepatitis E in an immunocompetent subject in Europe: a case report. *Transfusion*. October 26th. .

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