Background and Aim

Hepatitis-associated aplastic anemia (HAAA) is a variant of aplastic anemia in which aplastic anemia follows an acute attack of hepatitis. The marrow failure can be severe and is usually fatal if untreated. HAAA was first described in 2 case histories in 1955, and by 1975 more than 200 cases had been reported. HAAA is not uncommon, with hepatitis documented in 2 to 5 percent of cases of aplastic anemia in the West and 4 to 10 percent in the Far East. In a Taiwanese study, a quarter of childhood cases of aplastic anemia were preceded by signs of hepatitis for which no cause was clearly evident. HAAA most often affects adolescent boys and young men who present with severe pancytopenia two to three months after an episode of acute hepatitis. There is no known association with blood transfusions, drugs, or toxins, and most patients have been seronegative for hepatitis A, B, and C.

Case Report

Hepatitis-Associated Aplastic Anemia

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ABSTRACT

There is a well-recognized relationship between aplastic anemia and viral hepatitis. Clinically apparent hepatitis precedes aplastic anemia by a period of weeks to months. Hepatitis is an infrequent cause of aplastic anemia and is usually severe and fatal if untreated. The clinical features and, particularly the response to immunosuppressive therapy strongly suggest that immune mechanisms mediate the marrow aplasia. The cause of the hepatitis is unknown, but it does not appear to be due to any of the known hepatitis viruses.

In this study we present two cases of hepatitis associated aplastic anemia (HAAA) at the ages of 10-11 years old.

They both received immunosuppressive therapy, Anti thrombocytic globulin and Cyclosporine. They achieved a persistent clinicohematological remission.

Keywords:

Background and Aim

Hepatitis-associated aplastic anemia (HAAA) is a variant of aplastic anemia in which aplastic anemia follows an acute attack of hepatitis. The marrow failure can be severe and is usually fatal if untreated. HAAA was first described in 2 case histories in 1955, and by 1975 more than 200 cases had been reported. HAAA is not uncommon, with hepatitis documented in 2 to 5 percent of cases of aplastic anemia in the West and 4 to 10 percent in the Far East. In a Taiwanese study, a quarter of childhood cases of aplastic anemia were preceded by signs of hepatitis for which no cause was clearly evident. HAAA most often affects adolescent boys and young men who present with severe pancytopenia two to three months after an episode of acute hepatitis. There is no known association with blood transfusions, drugs, or toxins, and most patients have been seronegative for hepatitis A, B, and C.

CASE REPORT

In this study, two children with HAAA admitted in children’s Hospital during july 1999 to September 2003.

First Case

A 10-year-old boy with history of hepatitis 3 months before admission was referred to our hospital. At the time of admission, the total serum bilirubin were 8.3 mg/dL (6 mg/dL direct...