Acute and chronic liver diseases are an assortment of disorders brought to the clinician's attention by abnormal liver function tests or specific signs and symptoms. The differential diagnosis includes disorders that have primary or secondary liver involvement. This paper will be limited to the epidemiology, clinical manifestations, diagnosis, treatment, and prevention of the different viral liver diseases: A, B, C, D, E and G. (Ethn Dis. 2007;17[suppl 2]:S2-40–S2-45)

**Key Words:** Hepatitis A, Hepatitis B, Hepatitis C, Hepatitis D, Hepatitis E, Hepatitis G, Interferon, Ribavirin

**INTRODUCTION**

The word hepatitis connotes an infection or inflammation of the hepatocytes, as evidenced by abnormal liver function tests (LFTs). This, however, is a nonspecific term since the laboratories combine hepatic enzyme tests (aspartate aminotransferase [AST], alanine aminotransferase [ALT]) and synthetic tests (albumin, bilirubin, and prothrombin time [PT]) into LFTs. These tests can be elevated in a healthy individual.1,2

The differential diagnoses of hepatitis should include, at a minimum: virus infection; drugs or alcohol abuse; hemochromatosis; thyroid, muscle, and autoimmune disorders; celiac disease; alpha-1 antitrypsin deficiency; Wilson's disease; masses; and fatty liver. This article will be limited to the current appraisal of the epidemiology, clinical manifestations, diagnosis, and treatment of the different viral hepatic disorders: hepatitis A, B, C, D, E, and G.

**HEPATITIS A**

**Epidemiology**

Hepatitis A virus (HAV) was first recognized in 1947, but it has been around for centuries. The two distinct forms of the virus were only identified in 1973, consisting of a RNA virus with four genotypes.3 It occurs worldwide but is highly prevalent in the developing countries and Greenland; however, the global incidence is decreasing because of improved sanitary and living conditions. In the United States, the incidence of hepatitis A has declined dramatically with the institution of the hepatitis A vaccine.

HAV is spread mainly by the fecal-oral route in low-socioeconomic areas, but person-to-person spread has occurred in daycare centers, as have community epidemics from contaminated foods (Mexican green onions).4 Sexual intercourse, blood, and intravenous drugs are minor routes of transmission of this virus as opposed to the other viral hepatitis disorders.

**Clinical Manifestations**

HAV infection is usually an acute, self-limiting disease with no sequelae or chronic disease state. Its manifestations vary according to the age of the patient at presentation. Children usually have a silent or subclinical course as opposed to adults, who present with a wide range of symptoms, from an influenza-like illness to fulminant hepatic failure.

**Diagnosis**

The diagnosis of HAV infection is made by the presence of antibodies against HAV in conjunction with the clinical picture. The incubation period is 30 days, with a range of 15 to 50 days. Hepatitis A virus (HAV) immunoglobulin M (IgM) is the gold standard for making the diagnosis; however HAV IgG appears early and remains positive for decades.

**Treatment**

Since HAV is usually a self-limiting disease, treatment is generally supportive. Eighty-five percent of patients recover by three months, and nearly 100% will recover by six months. Death can occur in elderly patients or in those concomitantly infected with hepatitis C virus (HCV).

**Prevention**

Since HAV is predominately spread by the fecal-oral route, the mainstay of prevention is thorough hand washing, heating foods properly, and avoiding water and raw foods in endemic areas. Household bleach (1:100 dilution) will adequately inactivate the virus. Passive immunity...