

cells by mononuclear cells; and subsequent degeneration, necrosis, and fibrosis. Structural changes within the hepatocyte account for altered liver functions, such as impaired bile excretion, elevated transaminase levels, and decreased albumin synthesis. The disorder may be self-limiting with regeneration of liver cells without scarring, leading to a complete recovery. However, some forms of hepatitis do not result in complete return of liver function. These include fulminant hepatitis, which is characterized by a severe, acute course with massive destruction of the liver tissue causing liver failure and high mortality within 1 to 2 weeks, and subacute or chronic active hepatitis, which is characterized by progressive liver destruction, uncertain regeneration, scarring, and potential cirrhosis.

The progression of liver disease is characterized pathologically by four stages: (1) stage one is characterized by mononuclear inflammatory cells surrounding small bile ducts; (2) in stage two, there is proliferation of small bile ductules; (3) stage three is characterized by fibrosis or scarring; and (4) stage four is cirrhosis.

Clinical Manifestations

The clinical manifestations and course of uncomplicated acute viral hepatitis are similar for most of the hepatitis viruses. Usually the prodromal, or anicteric, phase (absence of jaundice) lasts 5 to 7 days. Anorexia, malaise, lethargy, and easy fatigability are the most common symptoms. Fever may be present, especially in adolescents. Nausea, vomiting, and epigastric or right upper quadrant abdominal pain or tenderness may occur. Arthralgia and skin rashes may occur and are more likely in children with hepatitis B than those with hepatitis A. The transaminases, rather than bilirubin, are often elevated in acute hepatitis, and hepatomegaly may be present. Some mild cases of acute viral hepatitis do not cause symptoms or can be mistaken for influenza.

In young children, most of the prodromal symptoms disappear with the onset of jaundice, or the icteric phase. Many children with acute viral hepatitis, however, never develop jaundice. If jaundice occurs, it is often accompanied by dark urine and pale stools. Pruritus may accompany jaundice and can be bothersome for children.

Children with chronic active hepatitis may be asymptomatic but