

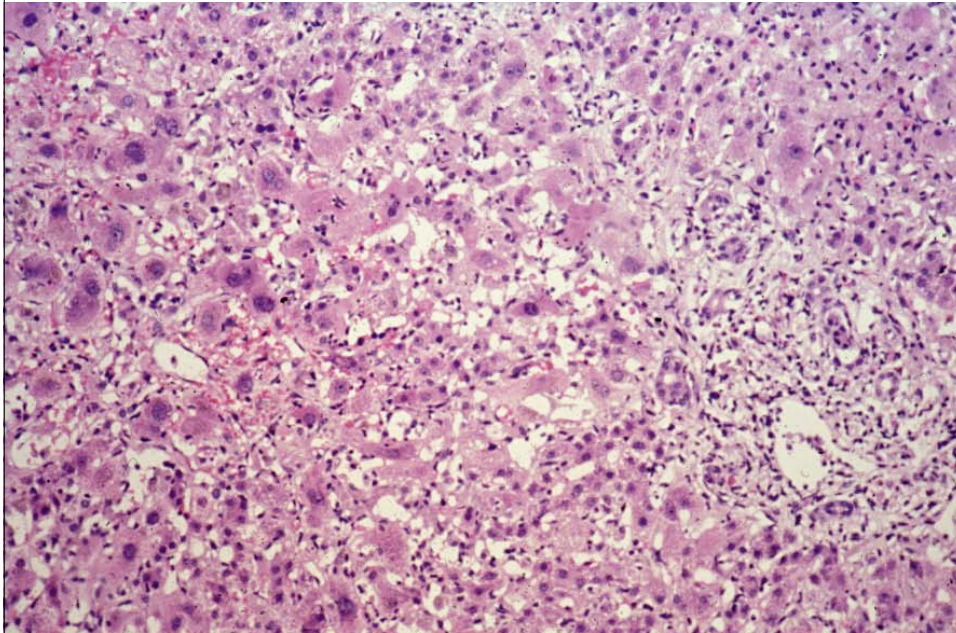
Acute Hepatitis

**Hepatocellular degeneration
(ballooning, apoptosis)**

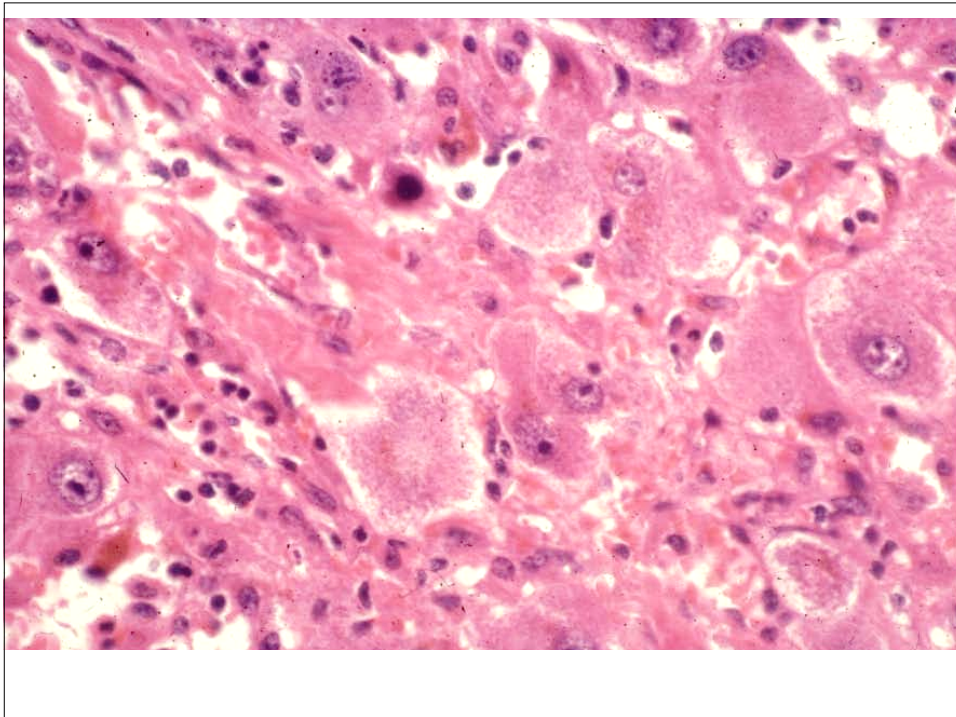
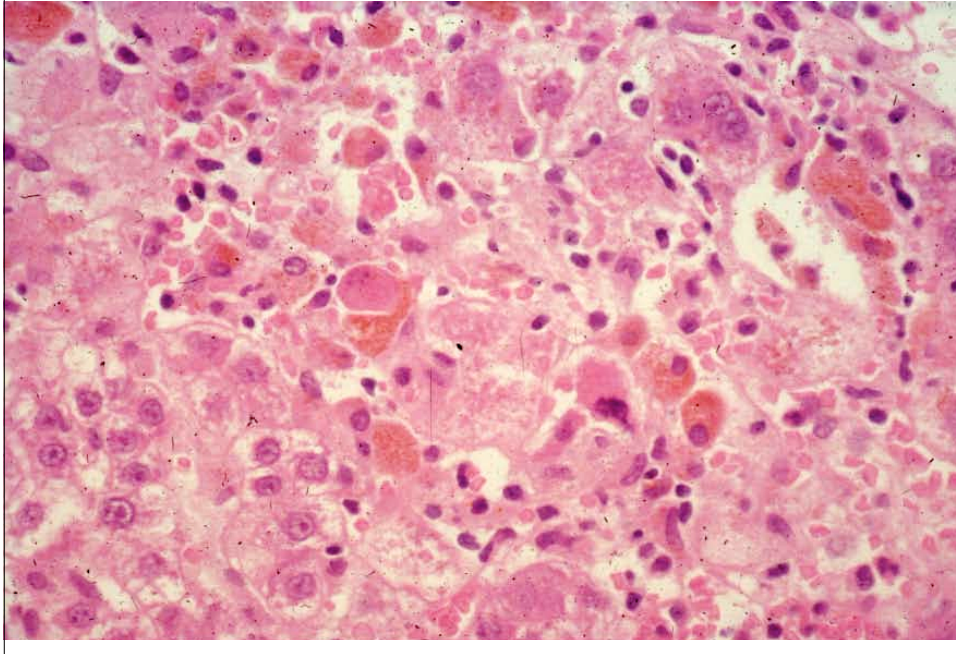
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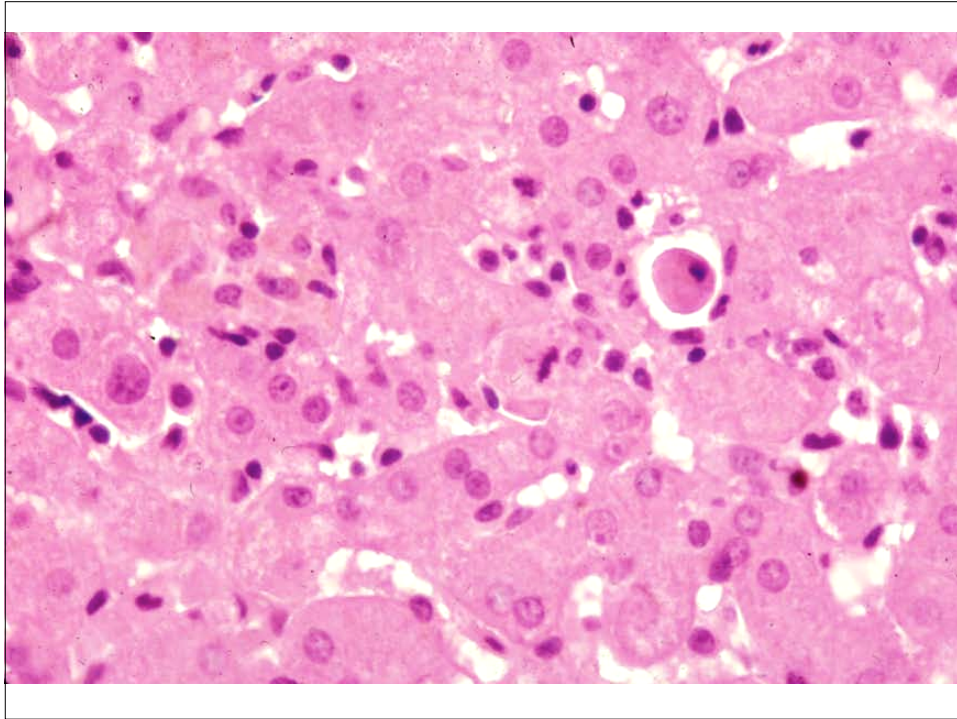
**Diffuse inflammation
(lobular & portal)**

Acute Hepatitis

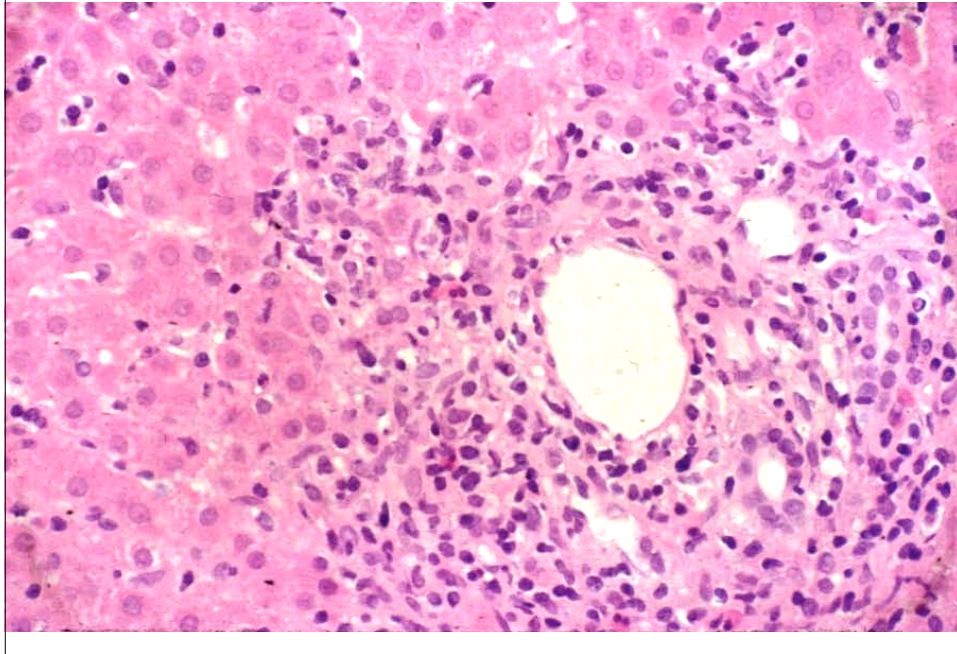


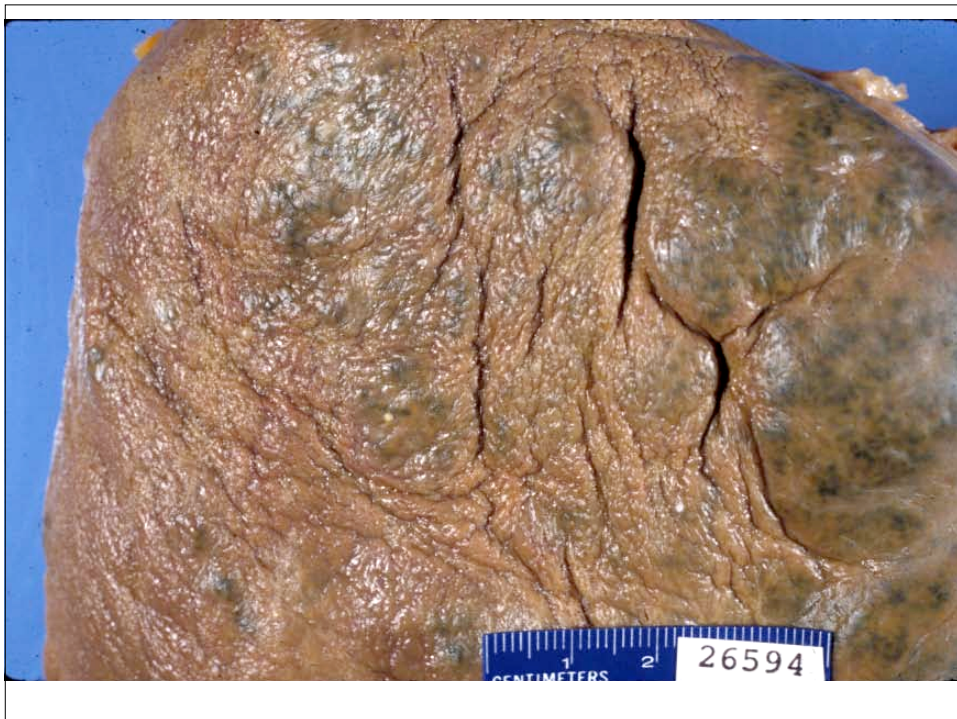
Acute Hepatitis: Lobular disarray & necroinfl.





Acute Hepatitis: Portal tract inflammation (L,PL.)





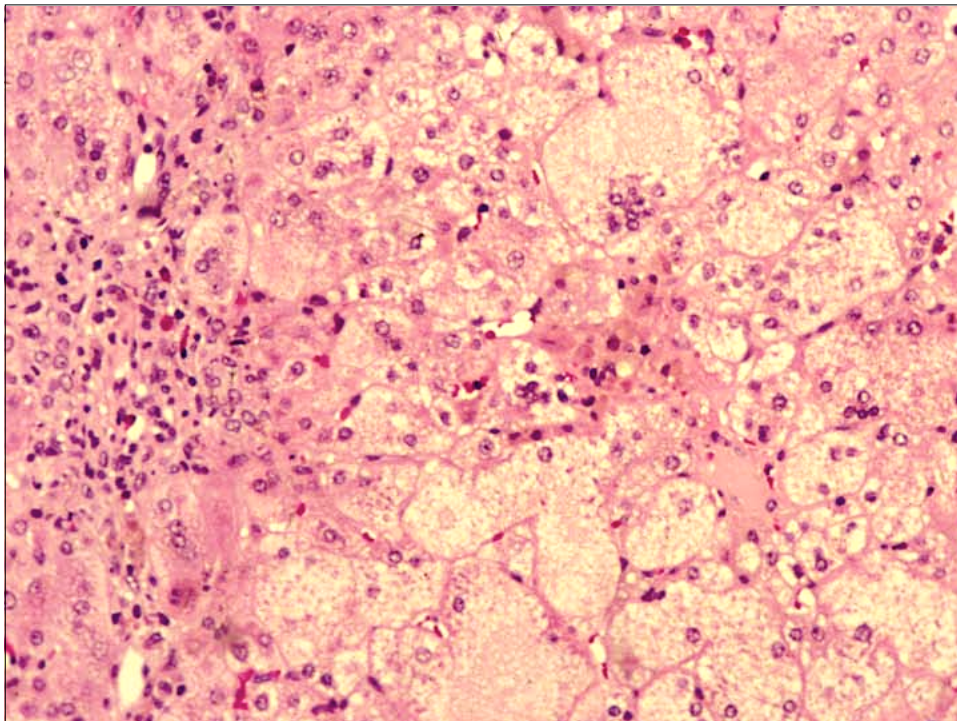
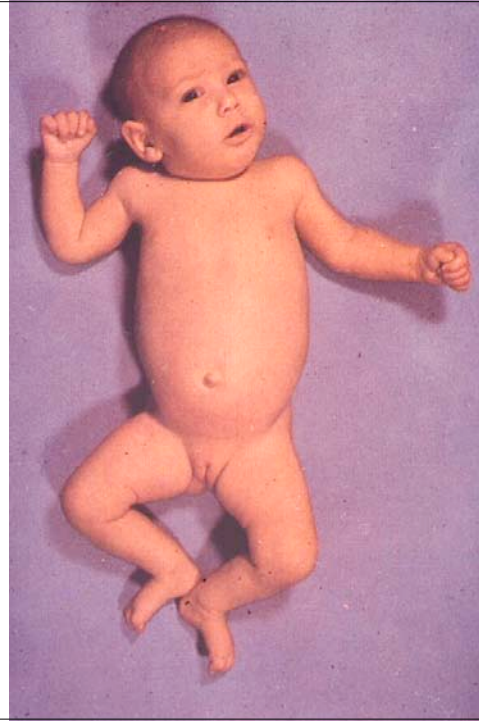
Neonatal hepatitis

Causes:

- TORCH agents

Pathology:

- giant cell hepatitis

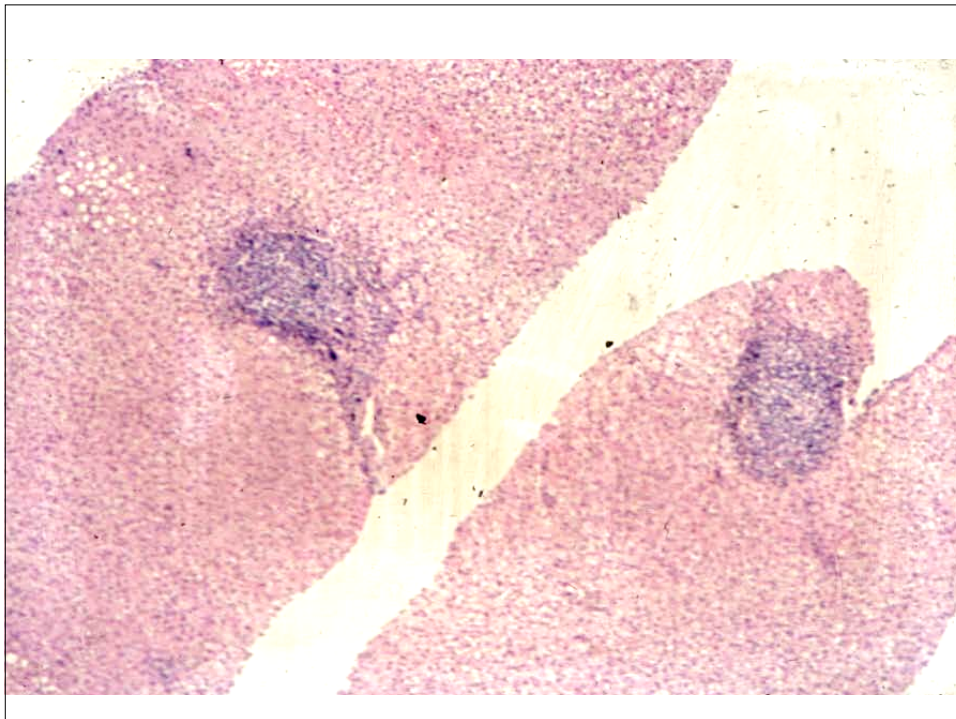


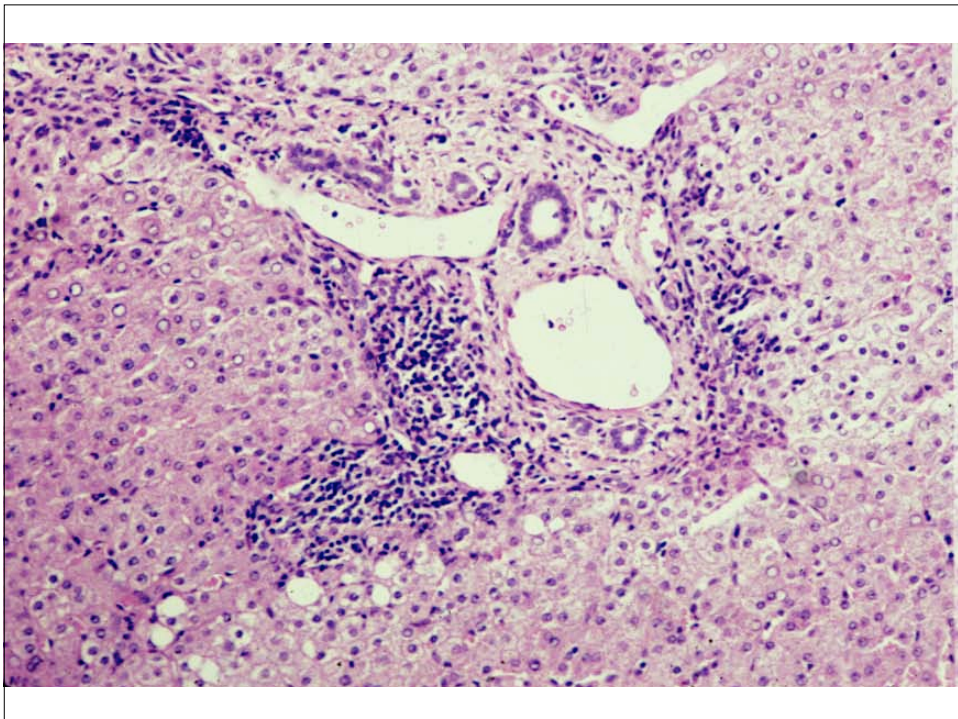
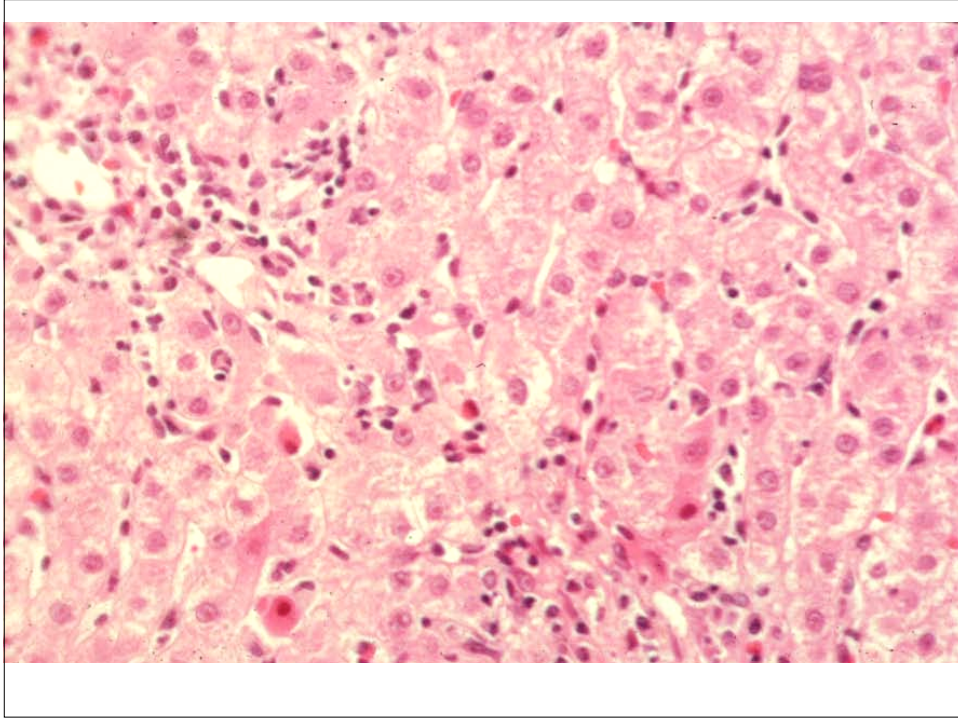
Chronic Hepatitis

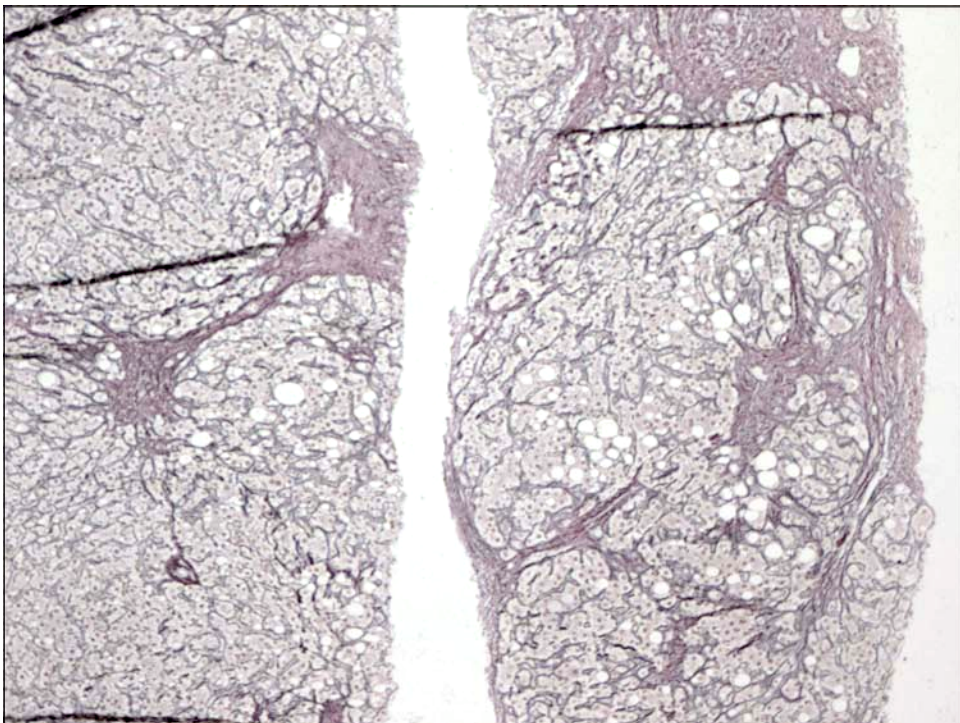
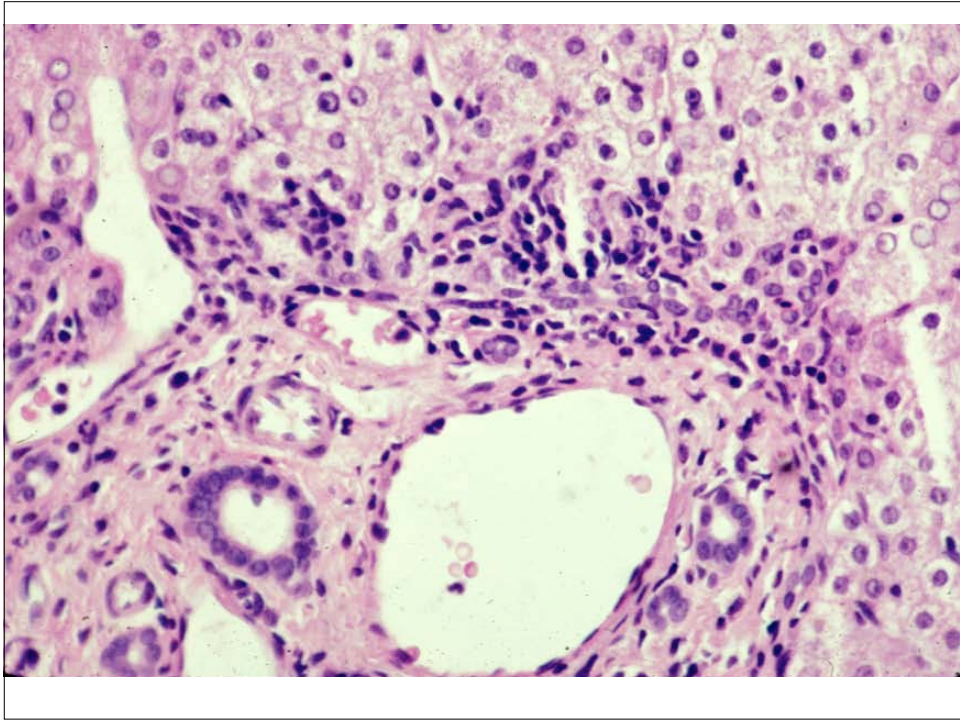
**Def: Inflammation of the liver
continuing without improvement
for 6 mos. or longer**

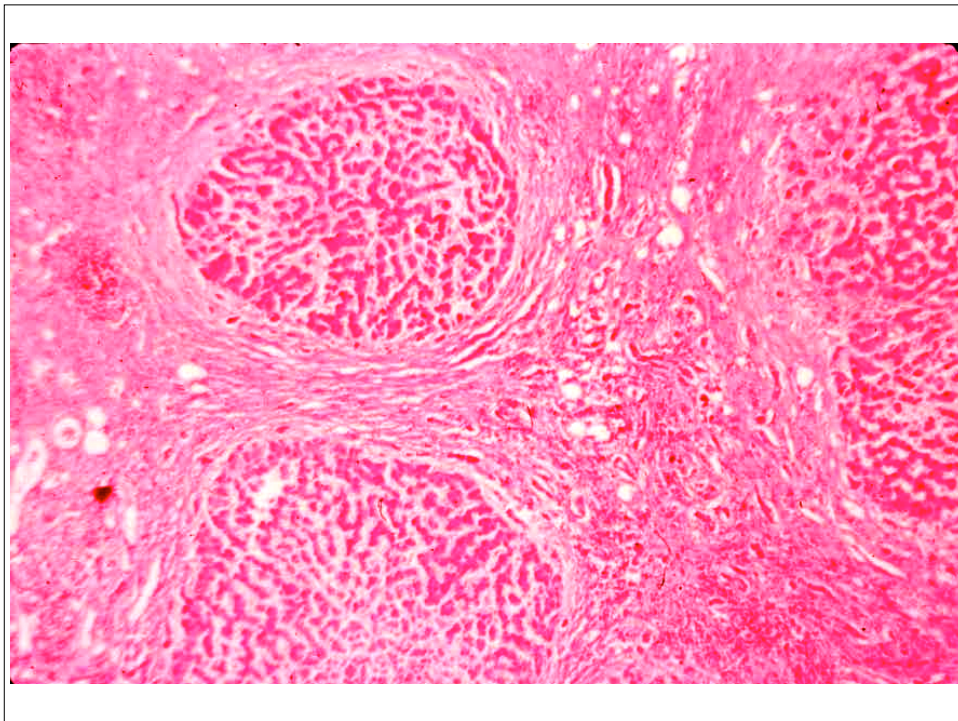
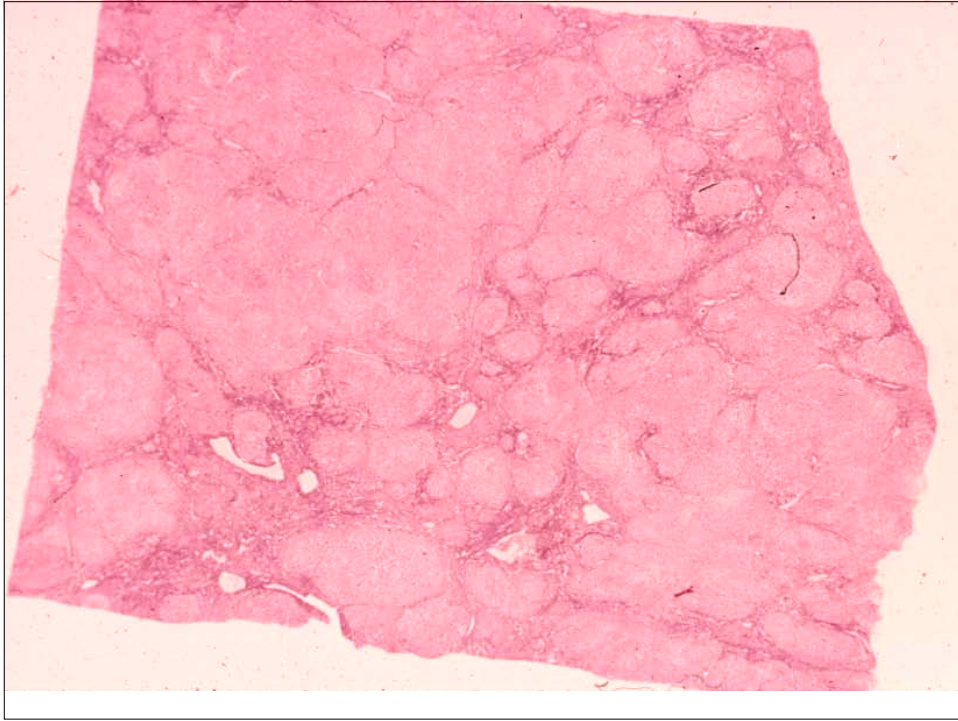
(U.S. Gov't Printing Office, 1976)

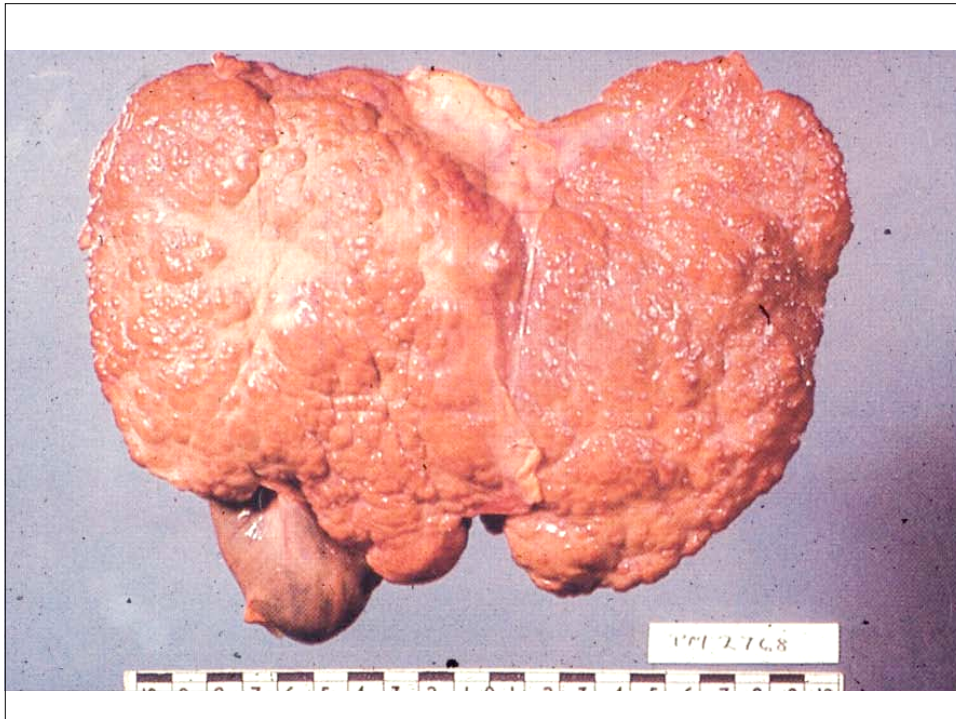
Causes: Hepatitis B, C, D
Autoimmune hepatitis
Drug hepatotoxicity
Metabolic disease:
 α_1 -antitrypsin def.
Wilson's disease









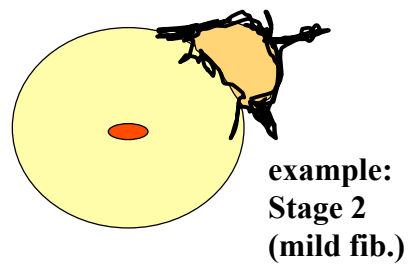
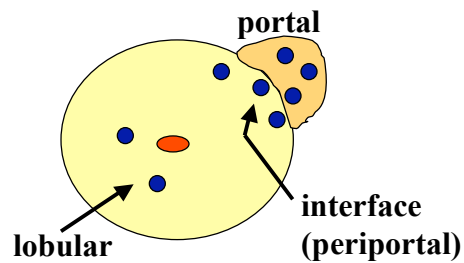


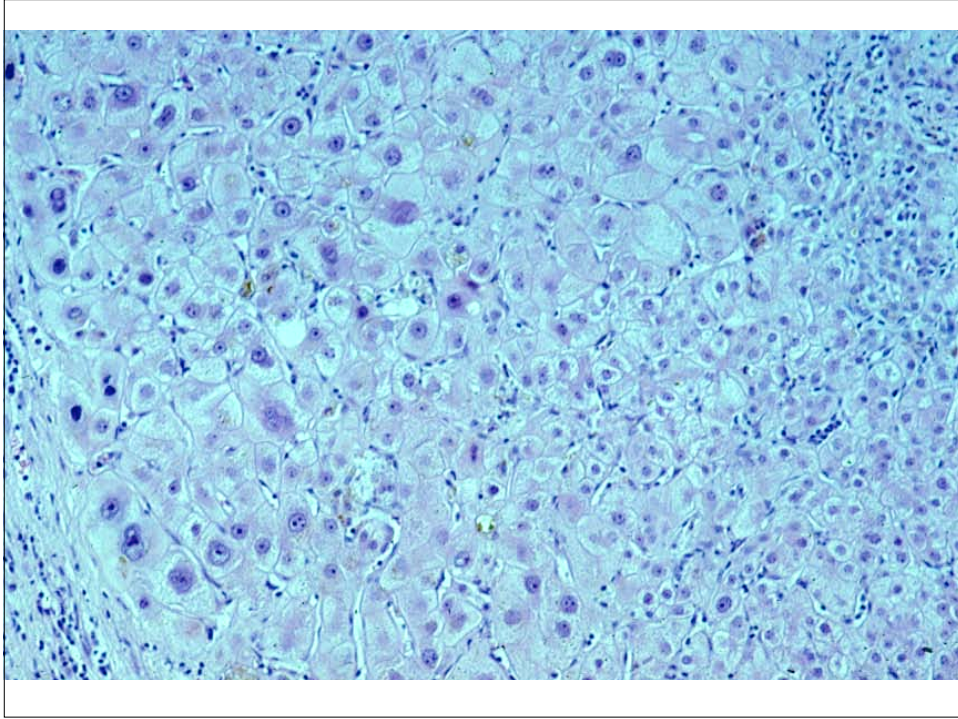
Pathology of Chronic Hepatitis

- ongoing chronic inflammation
- ongoing hepatocyte damage
- may have fibrosis/cirrhosis

Grading (0,1,2,3,4)
(degree of necroinflamm.)

Staging (0,1,2,3,4)
(degree of fibrosis/cirrhosis)

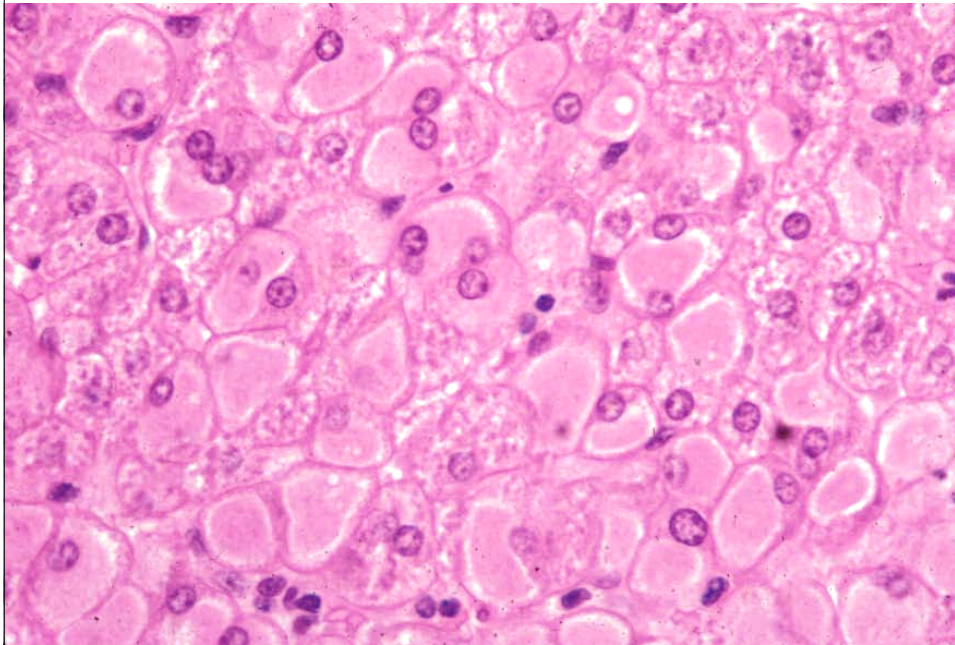


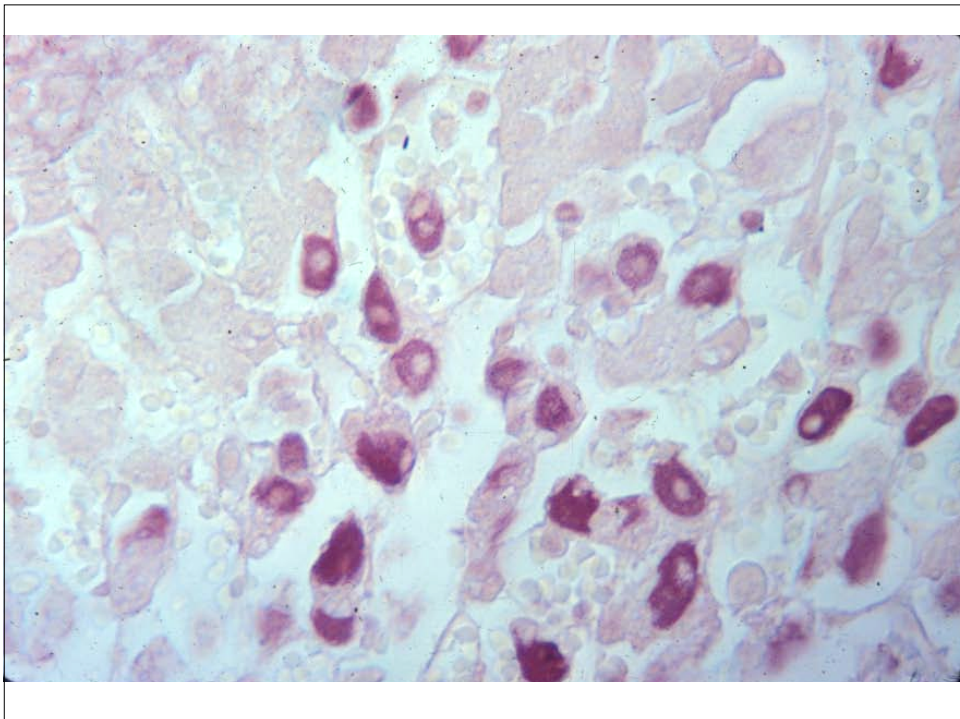
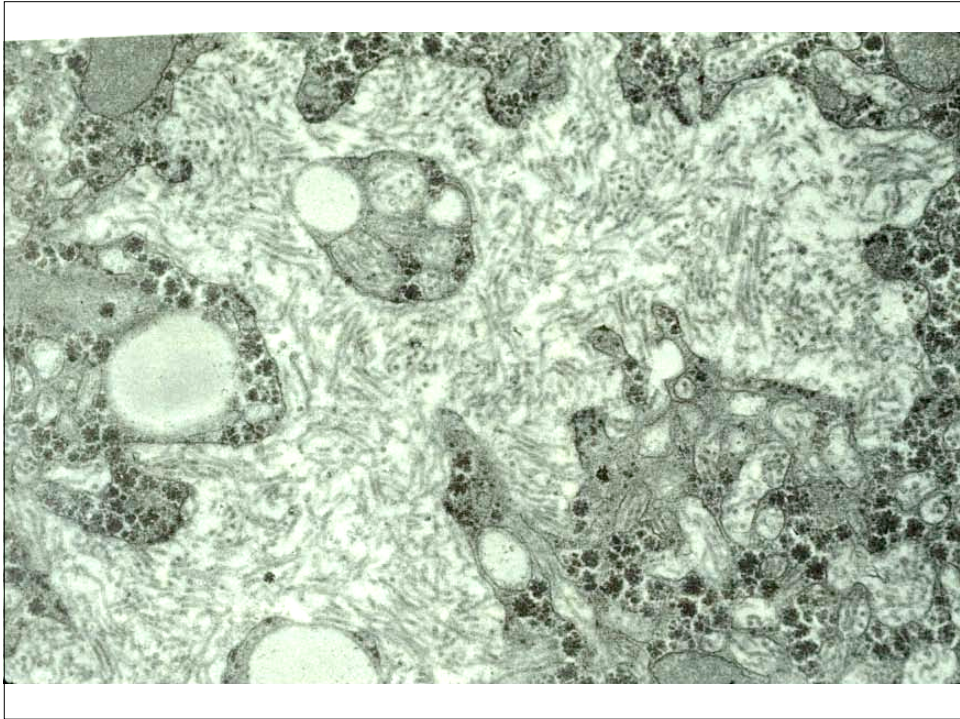


Etiology of chronic hepatitis: Specific histopathological features

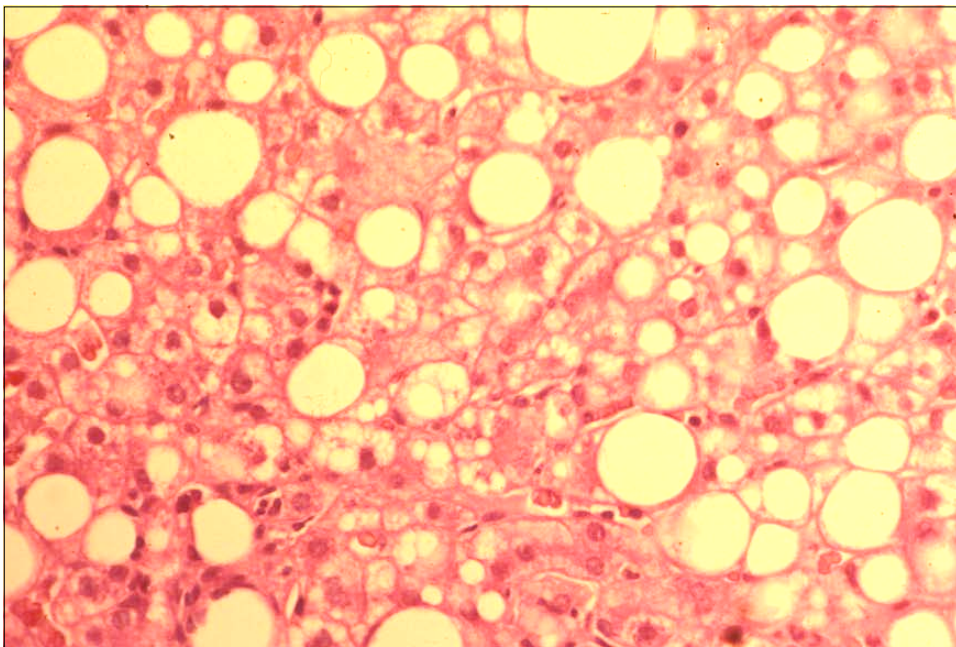
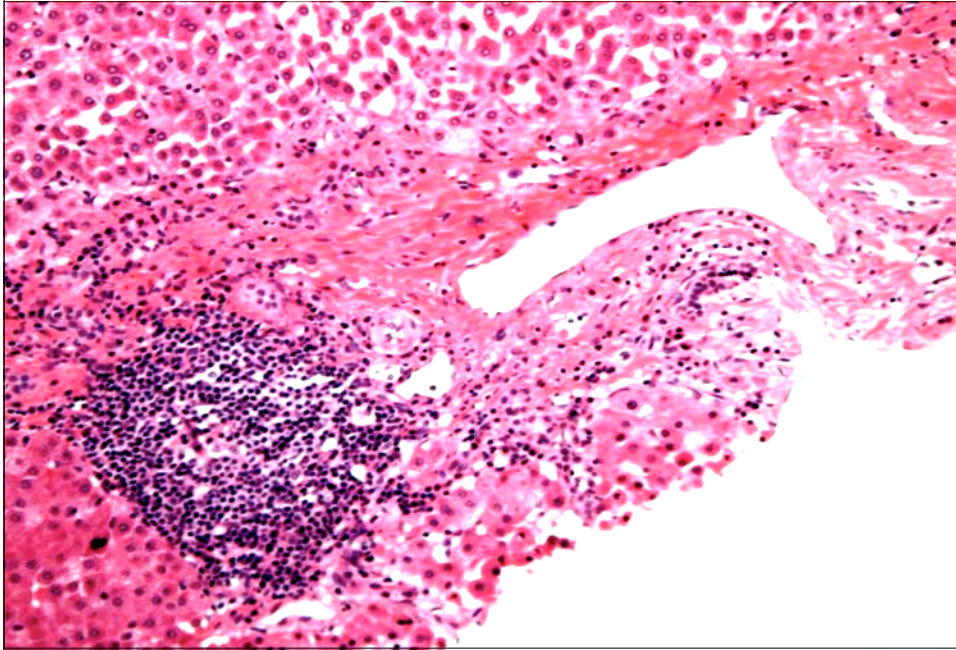
<u>CAUSE</u>	<u>FEATURE(S)</u>
HBV →	-ground glass inclusions (Victoria blue/orcein stains)
HCV →	-lymphoid aggregates -fat -bile duct damage
Autoimmune hep. →	-interface hepatitis -plasma cells, regen. rosettes
α_1 -antitrypsin def. →	-diastase-PAS globules
Wilson disease →	-copper and copper-binding protein (Victoria blue/orcein stains)

Chronic Hepatitis B

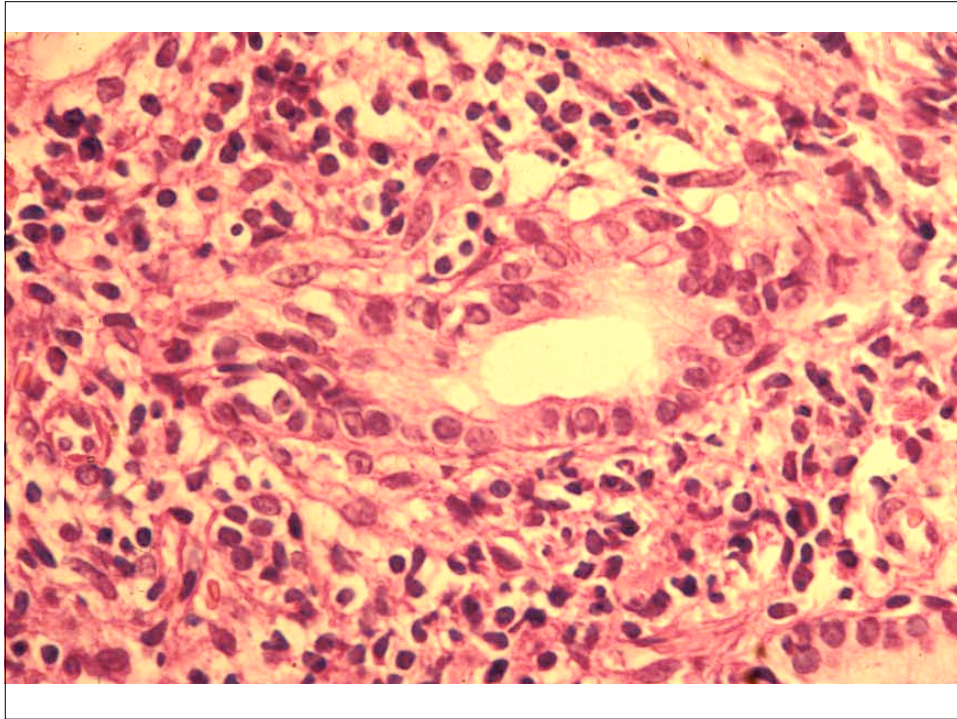




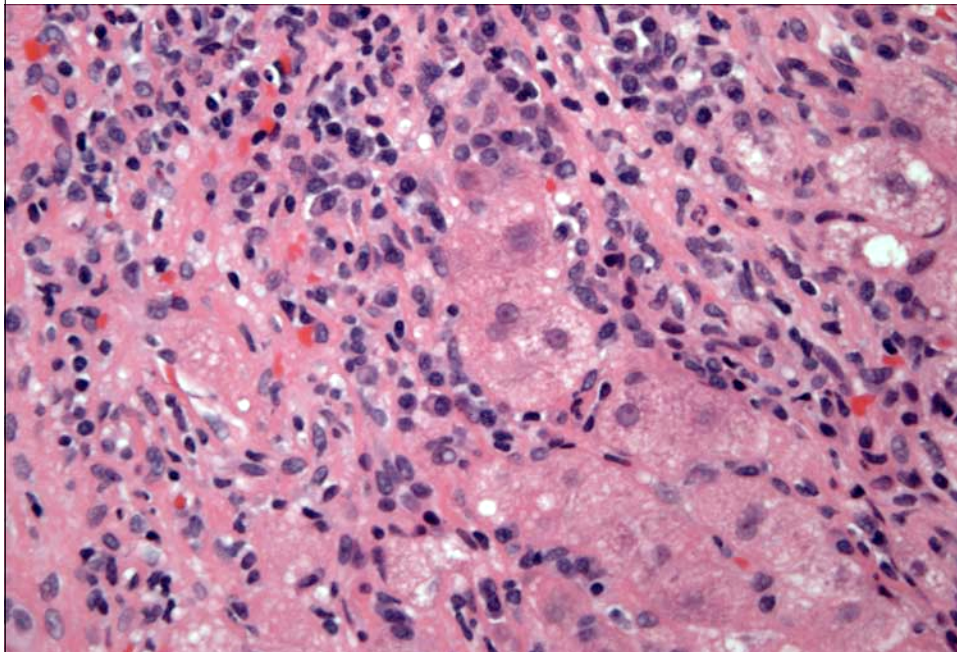
Chronic Hepatitis C

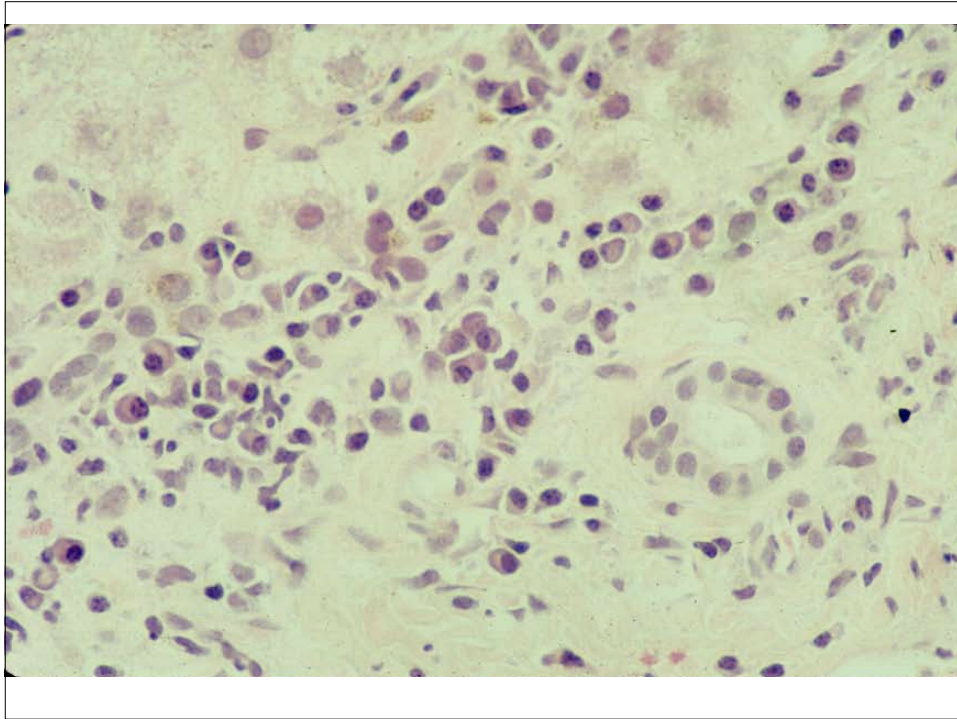


HCV Genotype 3 or Obesity/Diabetes/Metabolic syndrome

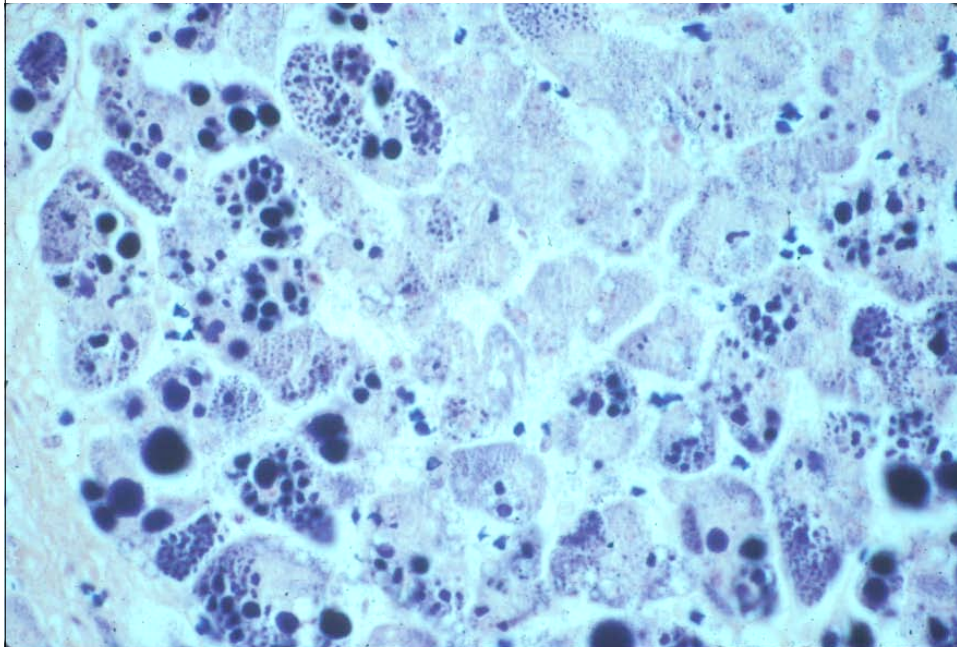


Autoimmune hepatitis

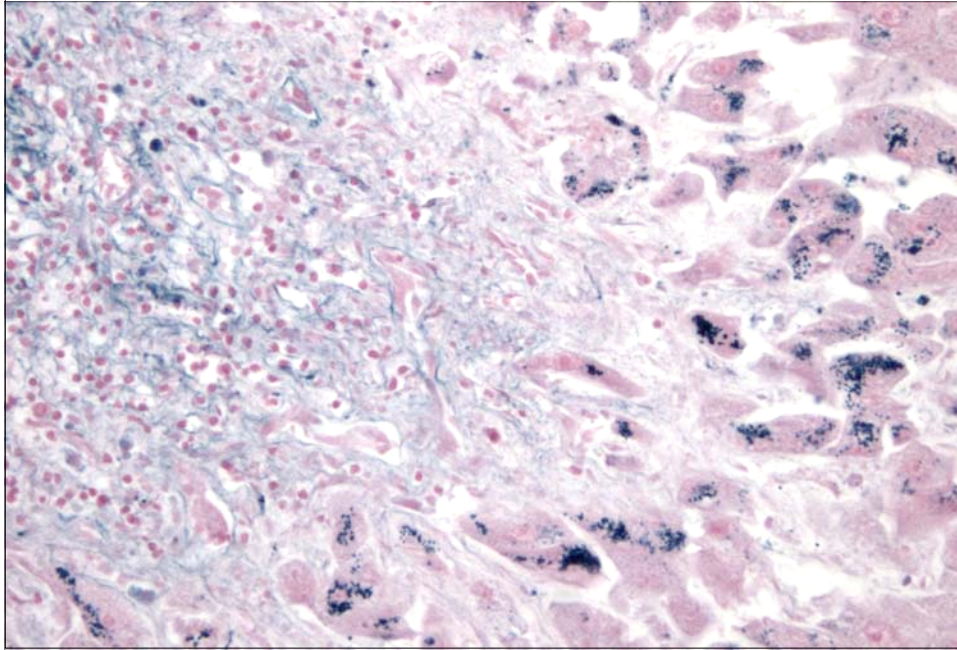




Alpha-1-antitrypsin deficiency



Wilson Disease



Potential sequelae of acute viral hepatitis

