Neurological manifestations in HCV seropositive patients

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Abstract: Chronic hepatitis C infection is a major health issue in India. We studied the neurological manifestations in 50 HCV positive patients presenting to the department of neurology at GGH-SMC, Vijayawada. In the 50 chronic hepatitis C patients, 50% had at least one neurological manifestation. Peripheral neuropathy was the most common neurological manifestation (46%). Screening for neurological illness in HCV positive patients is needed.

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I. Introduction

About 90% of Hepatitis C patients live in low and middle income countries [1-3]. In these patients, 74% patients have several extrahepatic manifestations (EHMs). Neurological manifestations are reported as high as 50% of HCV infected patients [4–6]. Only a few studies have been carried out in developed countries on HCV related neurological manifestations. Despite the high burden of Hepatitis C in India, there is a paucity of data on the neurological aspects. We studied the neurological manifestations in chronic hepatitis C infected patients from our hospital.

II. Materials and methods

This cross-sectional study was carried out in the outpatient neurology unit of the Govt General Hospital, Vijayawada from January to March 2018. After anti-HCV positive testing, neurological assessment was done. Patients were included after informed consent.

III. Results

The age of participants ranged from 30 to 70 years with a mean age of 60 ± 9.0 years. Sex ratio 1:1 . 50% had neurological problems.

Table 1 Clinical patterns of neurological manifestations.

Variable	Percentage (%)
Neurological manifestations	
Cognitive impairment	7
Stroke	2
Seizure	1
Peripheral neuropathy	50
Cranial neuropathy	3
Carpal tunnel syndrome	1

Neurologic symptoms

The most common symptom reported during the study period were cramps; 40%, followed by paraesthesia in 30% and fatigue in 30%.

Neurological signs

The commonest neurological sign present on examination was abnormal vibration perception in 50%. Facial palsy was noted in 3%.

Table 2 Cognitive assessment findings.

Variable	Percentage (%)
No cognitive impairment	90
Mild cognitive impairment	10
MMSE score (mean ± SD)	

Table 3 Peripheral neuropathy assessment findings.

Variable	Percentage (%)
Peripheral neuropathy subclass	
Sensory	50

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Sensori-motor	1
Motor	1
Upper limb	2
Lower limb	50

IV. Discussion

In this study, we found that half of the HCV patients had neurological problems. We noted that the most common neurological manifestation was peripheral neuropathy. The high proportion of peripheral neuropathy has been shown consistently in previous studies [4–6].

Our peripheral neuropathy prevalence is similar to the 45% clinical neuropathy reported by Manal et al. in Egypt [7], and 43.5% by Yoon et al. in Germany [8]. Other studies recorded prevalence estimates of 9%, 10.6% and 14% in France, Italy, and Brazil respectively [9-11]. This wide variability could be attributed to the difference in sample sizes and study designs. Other reports show predominance of sensory neuropathy [7, 10, 12, 13]. In our study, the prevalence of cognitive impairment was 10%. Other studies report from 13% to 33% [14 -18]. Most of the studies used neuropsychological batteries with several tests for different cognitive domains. The commonest neurological signs observed in our study were abnormal vibration sense, concurring with Yoon et al.'s findings in Germany [10]. The most common symptoms reported in our study were limb cramps, paraesthesia and fatigue. The proportion of patients with paraesthesia is congruent with the 38% and 34.6% reported in studies in Germany and Brazil [10,13].

Limitations of our study include, the hospital design and small sample size.

V. Conclusion

HCV seropositive patients have significant neurological problems. These need to screened and addressed.

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References

- [1]. Mohd Hanafiah K, Groeger J, Flaxman AD, Wiersma ST. Global epidemiology of hepatitis C virus infection: New estimates of agespecific antibody to HCV seroprevalence. Hepatology. 2013. April;57(4):1333–42. doi: 10.1002/hep.26141 [PubMed]
- [2]. Luma HN, Eloumou SAFB, Malongue A, Temfack E, Noah DN, Donfack-Sontsa O, et al. Characteristics of anti-hepatitis C virus antibody-positive patients in a hospital setting in Douala, Cameroon. Int J Infect Dis. 2016. April;45:53–8. doi: 10.1016/j.ijid.2016.02.013 [PubMed]
- [3]. Lavanchy D. The global burden of hepatitis C. Liver Int. 2009. January;29:74–81. [PubMed]
- [4]. Mathew S, Faheem M, Ibrahim SM, Iqbal W, Rauff B, Fatima K, et al. Hepatitis C virus and neurological damage. World J Hepatol. 2016. April 28;8(12):545–56. doi: 10.4254/wjh.v8.i12.545 [PMC free article] [PubMed]
- [5]. Adinolfi LE. Chronic hepatitis C virus infection and neurological and psychiatric disorders: An overview. World J Gastroenterol. 2015;21(8):2269 doi: 10.3748/wjg.v21.i8.2269 [PMC free article] [PubMed]
- [6]. Zampino R, Marrone A, Restivo L, Guerrera B, Sellitto A, Rinaldi L, et al. Chronic HCV infection and inflammation: Clinical impact on hepatic and extra-hepatic manifestations. World J Hepatol. 2013. October 27;5(10):528–40. doi: 10.4254/wjh.v5.i10.528 [PMC free article] [PubMed]
- [7]. Aly Abdel Khalek M, El-barbary AM, Elkalla FS, Essa SA-M. Prevalence of peripheral neuropathy in Egyptian hepatitis C virus patients: Correlation to some clinical and laboratory parameters. Egypt Rheumatol. 2012. July;34(3):91–8.
- [8]. Yoon M-S, Obermann M, Dockweiler C, Assert R, Canbay A, Haag S, et al. Sensory neuropathy in patients with cryoglobulin negative hepatitis-C infection. J Neurol. 2011. January;258(1):80–8. doi: 10.1007/s00415-010-5686-1 [PubMed]
- [9]. El Fatah Al kafrawy Nabil Abd, El-Aziz Kora Mahmoud Abd, Dala Ashraf Gharib, Sultan Walaa Khalil Mohamed Ali. Study of microvascular complications of chronic hepatitis C virus in nondiabetic patients. Wolters Kluwer Health—Medknow. 2014;27(2):458–64.
- [10]. Cacoub P, Poynard T, Ghillani P, Charlotte F, Olivi M, Charles Piette J, et al. Extrahepatic manifestations of chronic hepatitis C. Arthritis Rheum. 1999. October;42(10):2204–12. doi: 10.1002/1529-0131(199910)42:10<2204::AID-ANR24>3.0.CO;2-D [PubMed]
- [11]. Santoro L. Prevalence and characteristics of peripheral neuropathy in hepatitis C virus population. J Neurol Neurosurg Psychiatry. 2006. May 1;77(5):626–9. doi: 10.1136/jnnp.2005.081570 [PMC free article] [PubMed]
- [12]. Gomes I, Nora DB, Marquezini NC, Said G, Melo A. Peripheral neuropathy in patients with hepatitis virus C infection in the Amazon region. Arq Neuropsiquiatr. 2006. September;64(3a):600–2. [PubMed]
- [13]. Biasiotta A, Casato M, La Cesa S, Colantuono S, Di Stefano G, Leone C, et al. Clinical, neurophysiological, and skin biopsy findings in peripheral neuropathy associated with hepatitis C virus-related cryoglobulinemia. J Neurol. 2014. April;261(4):725–31. doi: 10.1007/s00415-014-7261-7 [PubMed]
- [14]. Sterling RK, Bralow S. Extrahepatic manifestations of hepatitis C virus. Curr Gastroenterol Rep. 2006. February;8(1):53–9. [PubMed]
- [15]. McAndrews MP, Farcnik K, Carlen P, Damyanovich A, Mrkonjic M, Jones S, et al. Prevalence and significance of neurocognitive dysfunction in hepatitis C in the absence of correlated risk factors. Hepatology. 2005. April;41(4):801–8. doi: 10.1002/hep.20635 [PubMed]
- [16]. Kramer L, Bauer E, Funk G, Hofer H, Jessner W, Steindl-Munda P, et al. Subclinical impairment of brain function in chronic hepatitis C infection. J Hepatol. 2002. September;37(3):349–54. [PubMed]
- [17]. Hilsabeck RC, Hassanein TI, Carlson MD, Ziegler EA, Perry W. Cognitive functioning and psychiatric symptomatology in patients with chronic hepatitis C. J Int Neuropsychol Soc [Internet]. 2003. September [cited 2016 Nov 13];9(06). Available from: http://www.journals.cambridge.org/abstract_S1355617703960048
- [18]. Fontana RJ, Bieliauskas LA, Back-Madruga C, Lindsay KL, Kronfol Z, Lok AS, et al. Cognitive function in hepatitis C patients with advanced fibrosis enrolled in the HALT-C trial. J Hepatol. 2005. October;43(4):614–22. [PubMed]