

HEPATITIS C

Follow-up Tests on Children with Chronic Hepatitis C

Once children have been diagnosed with chronic hepatitis C, it is important that they be monitored regularly so any sudden changes in the health of their livers are identified as soon as possible.

Most children with hepatitis C have few symptoms or signs of liver disease. However, researchers have discovered that cirrhosis and liver cancer can still, in very rare cases, develop even when children have no visible symptoms.

Also, during the childhood and teen years, the immune system can make the transition from the immune tolerant stage, when it tolerates the hepatitis virus without trying to fight it, to the intolerant stage when it attacks infected liver cells in an effort to eradicate the virus.

Doctors need to know when a child or adolescent's immune system begins to fight the virus, so they can provide treatment if the liver is damaged during this eradication stage.

How often a doctor checks a child's liver enzymes varies, depending on the patient and the physician. Currently, pediatric gastroenterologists and hepatologists who treat children with hepatitis C have no national guidelines for follow-up tests. Each doctor charts his or her own course, based on personal experience and what other doctors have learned from treating adult patients.

A child with abnormal liver enzymes may be checked far more frequently than a child who has a long history of normal liver enzymes. A doctor will customize the frequency and complexity of tests to each patient.

Often, a doctor will not test to determine a child's genotype or viral strain of hepatitis C unless he or she is considering treatment.

Here are recommendations from three pediatric gastroenterologists experienced in treating children with viral hepatitis: Dr. Maureen Jonas of Children's Hospital Boston, Dr. Philip Rosenthal, Director of Pediatric Hepatology at the University of California Medical Center in San Francisco, and Dr. Kathleen Schwarz, Chief of the Division of Pediatric Gastroenterology and Nutrition at Johns Hopkins University School of

Medicine.

If a child has had a history of normal tests for the liver enzyme Alanine Aminotransferase (ALT), the doctors make the following recommendations:

Viral Test: This test, which determines if hepatitis C RNA or hepatitis C antibodies are present, should be conducted once a year to monitor the natural history of the disease in the patient.

ALT and Liver Function Tests: Unless there is an indication of liver scarring or cirrhosis, the doctors recommend ALT and liver function testing every six to 12 months.

Alpha Fetoprotein (AFP) Test: Dr. Jonas does not conduct this test unless ALT levels become abnormal or if there is liver scarring or cirrhosis. Dr. Rosenthal recommends an AFP test once a year and Dr. Schwarz recommends the test every five years unless liver disease is present.

Ultrasound: Doctors use ultrasound, which reveals the shape and structure of the liver, to search for tumors or any change in the liver's architecture or shape. The doctors recommend a "baseline" ultrasound when a child is first diagnosed for use as a reference, in the event a child ever develops active liver disease.

Dr. Rosenthal recommends a follow-up ultrasound every year or two depending on the age and health of the child.

Drs. Schwarz and Jonas do not recommend a follow-up ultrasound unless liver disease develops.