# HBV & HCV–Awareness in Acute Abdomen Emergency Cases

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## **ABSTRACT**

Surgery Section

A study was conducted on 100 cases of Acute abdomen admitted in surgery department of Govt Medical college and Rajendra Hospital, Patiala, India. Study group included patients with different abdominal emergencies, e.g., gastrointestinal perforation, intestinal obstruction, acute appendicitis, acute cholecystitis, pancreatitis etc.

Out of these, three cases were positive for HBsAg alone, one for anti Hepatitis C-Virus (HCV) alone and one was positive for both HBsAg and anti HCV.

## **INTRODUCTION**

Transmission of viral hepatitis from infected patients to Health Care Workers (HCWs) has been a problem for several decades. This is especially true of surgeons because of their frequent use of sharp instruments, with a greater possibility of accidental inoculation, especially from unscreened patients with bleeding, due to paucity of time [1, 2].

# MATERIALS AND METHODS

After taking the detailed history of the patients depending upon clinical signs and symptoms, all patients were tested for HBsAg and anti-HCV antibodies along with other required investigations i.e. total hemogram, blood sugar, blood urea, serum electrolytes, USG & X-Ray of chest and abdomen wherever required.

HBsAg and anti HCV were detected by immunochromatographic techniques i.e. HBsAg was detected by Hepacard technique and Anti HCV was detetected by HCV tridot rapid visual test (supplied by J Mitra and Co. Ltd.)

#### RESULTS

Out of 100 cases majority were operated in emergency. Out of these, five cases were positive for viral markers. Three for HBsAg alone, one for anti HCV alone and one was positive for both as shown in [Table/Fig-1].

#### DISCUSSION

Out of 5 positive cases, three were drug addicts, one was alcoholic and one had history of blood transfusion.

Keywords: HBsAg, Anti HCV, Acute abdomen, HCWs

Higher prevalence of HBsAg and anti HCV is reported by several workers in I.V, drug abusers, alcoholics and in patients who had a history of blood transfusion [3-7].

## CONCLUSION

So it is concluded that as HBV vaccine is available, so immunisation should be made mandatory for all HCWs who come in contact with patients and their body secretions especially the staff of emergency wards. In the absence of vaccine against HCV the risk of acquiring infection in HCWs from these patients can be minimized through the observance of universal precautions and development of safe surgical techniques

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S. No.	Case no.	Occupation	Disease	Addiction	H\o Blood transfusion	HBsAg positivity	Anti-HCV positivity
1.	1 (HC)	Business-man	Hepatitis B with SAIO	Drug addict	-	+	-
2.	3 (G)	Labourer	lleal volvulus with perforation	Alcoholic	-	+	-
3.	5 (JR)	Farmer	Jejunal perforation	Drug addict	-	-	+
4.	12 (TR)	Business-man	Acute on chronic liver failure	Nil	+	+	+
5.	17 (GR)	Labourer	Multiple perforations in ileum & stomach	Drug addict	-	+	-
Table/Fin-11: Profile of the patients admitted in the OPD							

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