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Perspective

Metabolic Disorders and Congenital Defects: Contributing Factors of Neonatal Hepatitis

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DESCRIPTION

Neonatal hepatitis is a term used to describe inflammation of the liver in infants under the age of 3 months. It is also known as neonatal cholestasis or infantile cholestasis. The condition is rare and affects about 1 in 2,500 infants in the United States. The cause of neonatal hepatitis is often unknown, but it can be caused by viral infections, metabolic disorders, or congenital defects.

Neonatal hepatitis can be classified into two types: intrahepatic and extrahepatic. Intrahepatic neonatal hepatitis refers to inflammation of the liver that is limited to the liver itself, while extrahepatic neonatal hepatitis refers to inflammation of the liver and the bile ducts outside the liver.

Symptoms of neonatal hepatitis may include jaundice, pale stools, dark urine, poor appetite, and failure to gain weight. These symptoms are caused by a buildup of bilirubin in the blood, which is a waste product that is normally processed by the liver. The presence of bilirubin in the blood causes the skin and whites of the eyes to become yellow, which is known as jaundice.

Neonatal hepatitis can be caused by a variety of factors, including viral infections, metabolic disorders, and congenital defects. The most common cause of neonatal hepatitis is a viral infection. Viral infections that can cause neonatal hepatitis include hepatitis A, hepatitis B, and hepatitis C. In some cases, the virus is transmitted from the mother to the baby during childbirth.

Metabolic disorders can also cause neonatal hepatitis. These disorders can interfere with the liver's ability to process bilirubin and other waste products. Examples of metabolic disorders that can cause neonatal hepatitis include galactosemia and tyrosinemia.

Congenital defects can also cause neonatal hepatitis. These defects can affect the bile ducts, which are the tubes that carry bile from the liver to the small intestine. Examples of congenital defects that can cause neonatal hepatitis include biliary atresia and choledochal cysts.

Diagnosis of neonatal hepatitis begins with a physical examination and a review of the infant's medical history. Blood tests may be performed to check for elevated levels of bilirubin and liver enzymes. A liver biopsy may also be performed to examine the liver tissue and determine the cause of the inflammation.

Treatment of neonatal hepatitis depends on the underlying cause. In cases where the cause is unknown, treatment may involve supportive care to manage the symptoms of jaundice and ensure that the infant is receiving adequate nutrition. In cases where the cause is a viral infection, antiviral medications may be prescribed. In cases where the cause is a metabolic disorder or congenital defect, surgery may be required to correct the underlying problem.

Prognosis for neonatal hepatitis varies depending on the underlying cause and the severity of the inflammation. In cases where the cause is a viral infection, the prognosis is generally good, and most infants recover within a few weeks or months. In cases where the cause is a metabolic disorder or congenital defect, the prognosis depends on the success of the treatment.

Prevention of neonatal hepatitis involves taking steps to prevent the transmission of viral infections from the mother to the baby. This may involve screening pregnant women for hepatitis B and C, vaccinating against hepatitis B, and avoiding contact with infected individuals.

In conclusion, neonatal hepatitis is a rare condition that can cause inflammation of the liver in infants under the age of 3 months. The cause of neonatal hepatitis is often unknown, but it can be caused by viral infections, metabolic disorders, or congenital defects. Symptoms of neonatal hepatitis include jaundice, pale stools, dark urine, poor appetite, and failure to gain.

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