

## Editorial on Neonatal Hepatitis

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### INTRODUCTION

Neonatal hepatitis is inflammation of the liver that occurs only in early infancy, usually between one and two months after birth. About 20 percent of infants with neonatal hepatitis are infected by a virus that caused the inflammation before birth by their mother or shortly after birth.

An infant with neonatal hepatitis usually has jaundice (yellow eyes and skin), that appears at one to two months of age, is not gaining weight and growing normally and has an enlarged liver and spleen. The infant cannot absorb vitamins for proper growth and most neonates with HBV infection are asymptomatic but develop chronic, subclinical infection characterized by persistent HBsAg antigenemia and variably elevated transaminase activity. Many neonates born to women with acute hepatitis B during pregnancy are of low birth weight, regardless of whether they are infected.

### Diagnosis

Diagnosis of neonatal HBV infection is by serologic testing, including measurement of HBsAg, HBeAg, antibody to hepatitis B e antigen and quantitation of HBV DNA in blood. Other initial tests include complete blood count with platelets, alanine aminotransferase and alpha-fetoprotein levels, and liver ultrasonography. In the 80 percent of the cases where there is no virus identified as the cause, a liver biopsy is performed, where a small piece of the liver is taken out of the child with a needle and examined under a microscope

### Treatment

Neonatal hepatitis has no specific treatment, and vitamin supplements are usually prescribed to improve the baby's condition. Fever is normally controlled with the help of paracetamol or acetaminophen. There is a disruption in the flow of bile from the liver of jaundiced infants and supplementation with fat-soluble vitamins might help promote adequate growth and development. Infant formulas that contain easily digestible fats may be prescribed for newborn hepatitis. Most types of hepatitis including idiopathic neonatal hepatitis tend to improve in about six months. But, if the infection is being caused by Hepatitis B or C virus, it is likely to lead to cirrhosis which needs a liver transplant.

### Prevention

Pregnant women should be tested for HBsAg during an early prenatal visit. Failing that, they should be tested when admitted for delivery. Some women who are HBsAg-positive are treated with lamivudine or telbivudine during the 3<sup>rd</sup> trimester, which may prevent perinatal transmission of HBV.

Neonates whose mothers are HBsAg-positive should be given 1 dose of HBIG 0.5 mL IM within 12 hours of birth. Recombinant HBV vaccine should be given IM in a series of 3 doses, as is recommended for all infants in the US

Neonates whose mothers are known HBsAg-negative should receive their first dose of vaccine within 24 hours of birth if they are medically stable and weigh  $\geq 2$  kg. For infants  $< 2$  kg, administer 1 dose at age 1 month or before hospital discharge.

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