Enterovirus-associated Hepatic Necrosis and Coagulopathy

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Enterovirus (EV) Infections in Neonates

- 13% of neonates <1mo are infected with EV (Simonsen et al 2014)
- A small percentage lead to overwhelming systemic illness and death (Tzou-Yien et al 2003)
- Risk factors include (Tzou-Yien et al 2003)
 - Earlier age of onset (<7d)
 - Prematurity (<37/40)</p>
 - Maternal History of viral just before or during birth
 - Lower haemoglobin (<107)
 - Higher white cell count (>15)





EV-associated HNC

- Enterovirus-associated Hepatic Necrosis and Coagulopathy has a mortality rate of 24% (Hawkes and Vaudry 2005)
- Defined as (Hawkes and Vaundry 2005):
 - Serum transaminases greater than 3x normal
 - Platelets <100</p>
 - PT greater than 2x the control value
 - Evidense of hepatic necrosis or extensive haemorrhage on autoposy





Fatal Cases of EV-HNC

- Prematurity
- Shorter fever duration
- Higher WCC
- Lower Hb
- Higher total bilirubin
- Prolonged PT (>30s)
- Myocarditis





Case of Interest

 On the 16th of August a 7 day old neonate presented to Emergency with the clinical notes "Hypothermia"





	15:07	15:47	17:09	20:59
WCC	19.5	17.1	17.3	14.2
Hb	143	132	121	97
Platelets	19	12	13	51
APTT		148s		93s
INR		>10		5.8
D-dimer			>5.00	
Fibrinogen			<0.6	
Bilirubin	216	205		
ALT	Ins	2,475		
AST	Ins	10,286		
GGT	Ins	133		
Ferritin			>40,000	
CRP	7	7		





Diagnosis and Management

- Viral culture or PCR is the best way to confirm diagnosis (Hawkes and Vaudry 2005)
- IVIG and the antiviral agent Pleconaril are specific therapies (Hawkes and Vaudry 2005)
- Specific antiviral therapy for EV is in development (Abzug 2004)





Follow up tests

	7/9	11/9	13/9	27/9
WCC	8.9		8.1	
Hb	81		95	
Platelets	147		289	
APTT	53s			46
INR	1.8	1.4		1.2
Bilirubin	108	93	85	25
ALT	60	59	59	39
AST	131	115	114	46
GGT	62	88	113	105
CRP		<3		





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