

### Question 38 – Week of March 21

A 22 year old female develops deep jaundice and right upper quadrant abdominal pain while vacationing in the Caribbean. She is admitted to a local hospital for evaluation. Hepatitis serologies are obtained, and the patient is diagnosed with acute hepatitis A, presumed to have come from eating contaminated shellfish. Further testing discloses that she is also 8 weeks pregnant. Laboratory studies demonstrate the following: total bilirubin level, 6.6 mg/dL; AST level, 2300 U/L; and ALT level, 1970 U/L. The patient is not coagulopathic.

Which of the following is the best management option for this patient?

- A. Administration of hepatitis A vaccine
- B. Administration of hepatitis B immune globulin (HBIG)
- C. Administration of pegylated interferon and ribavirin
- D. Administration of lamivudine
- E. Observation with maternal and fetal monitoring

**Answer: E**

Observation with fetal monitoring. Hepatitis A, unless fulminant, is often well tolerated during pregnancy, but may be associated with an increased risk of maternal complications and preterm labor. Most patients can be followed carefully with maternal and fetal monitoring as the illness resolves on its own. Hepatitis A vaccine would not be helpful here because she has already contracted hepatitis A. HBIG and pegylated interferon with ribavirin are treatments for hepatitis B and C, respectively. Likewise, lamivudine is a treatment for hepatitis B.