Oysters are Dangerous for your ~~Liver~~ Heart

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Introduction

- Hepatitis A is generally a benign, self-limited viral infection transmitted by the fecal-oral route[1]
- Since 2016, more than 33,000 reported infections in the United States[2]
- Outbreaks occur secondary to:
  - Seafood consumption
  - Contaminated water sources
    - Oysters have been identified as a main culprit
- Extraintestinal manifestations of Hepatitis A have been noted[1,3,4], but pericarditis and tamponade is rare[3].

Case Description

A 58-year-old man presented with several days of constant, crampy, left lower quadrant abdominal pain. He noted no exacerbating nor alleviating factors. He reported that his symptoms were like a prior bout of diverticulitis. He denied recent travel nor exposures, except for consumption of a bushel of oysters two days prior to symptom onset.

- **Past Medical History**: CAD s/p CABG, diverticulitis status post colostomy with reversal, and DMII

- **Vitals**: Hemodynamically stable
- **Examination**: Tender to palpation in the left lower quadrant without rebound or guarding
- **Laboratory Diagnostics**: Transaminitis, Hepatitis A

- **Hospital Course**:
  - Developed cardiac tamponade necessitating emergent pericardiocentesis with pericardial window placement
  - Drainage of 600cc of transudative fluid
    - ANA, RF, CCP, Scl-7 negative

  - Subsequently developed multiple episodes of hematemesis
  - EGD performed with demonstration of multiple duodenal ulcers, gastric ulcers, and gastritis.
    - H pylori negative

Images/Graphics

Lab Values	
ALT	**1480 U/L**
AST	**776 U/L**
Alkaline Phosphatase	**212 U/L**
D-Dimer	**5.70 mcg/mL**
Hepatitis A, IgM	**Positive**

Table 1: Selected Laboratory Diagnostics

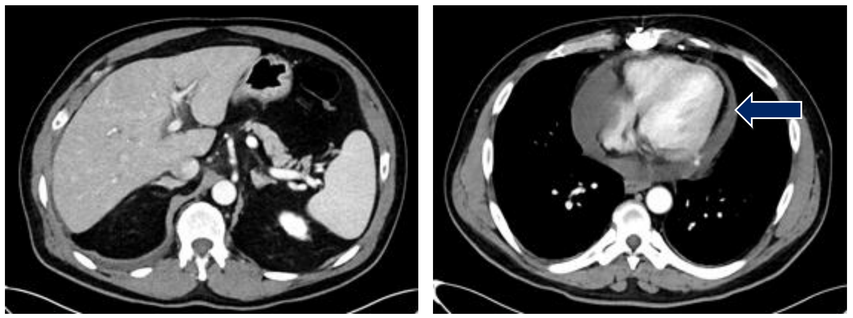

Figure 1: Computed Tomography with Contrast.
CT demonstrated a normal hepatic morphology without evidence of hepatosteatosis and evidence of a pericardial effusion

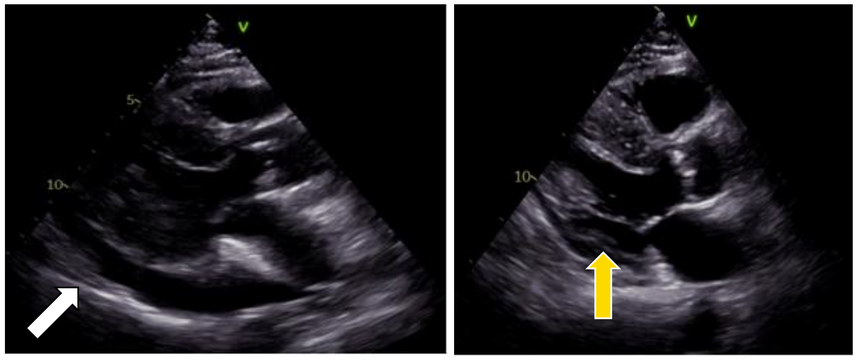

Figure 2: Echocardiography
Echocardiogram prior to Tamponade shows increasing pericardial effusion (Bottom Left – White Arrow). Resolving pericardial effusion on follow-up echocardiogram (Bottom Right – Yellow Arrow).

Discussion

- Acute Hepatitis A infection may present on a spectrum from asymptomatic to acute liver failure[1,4,5]

- Acute Hepatitis A infection, when symptomatic, primarily presents with gastrointestinal symptomatology and an associated viral prodrome
  - Nevertheless, extraintestinal manifestations such as autoimmune hemolytic anemia, aplastic anemia, reactive arthritis, Guillain-Barré syndrome, myocarditis and pericardial effusions, have been reported[5]
  - Extraintestinal manifestations remains diagnoses of exclusion

- Acute infection will have positive Hepatitis A IgM in conjunction with elevated transaminases, specifically ALT[5]

- Hepatitis induced pericardial effusion will have yellowish orange fluid and the presence of bilirubin on analysis

- In the absence of liver failure, Hepatitis A is managed supportively[1] and pericardial tamponade managed with pericardiocentesis or window

References

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5.Jeong SH, Lee HS. Hepatitis A: clinical manifestations and management. Intervirology. 2010;53(1):15-9. doi: 10.1159/000252779. Epub 2010 Jan 5. PMID: 20068336.