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CARRYING OUT PREGNANCY IN HEPATITIS

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ANNOTATION: The analysis of 42 domestic and foreign sources of literature on this topic.

KEY WORDS: hepatitis A virus, hepatitis A,pregnancy.

INTRODUCTION: Viral hepatitis A is an infectious disease with predominant liver damage caused by the hepatitis A virus (HAV). Viral hepatitis A and viral hepatitis E belong to the group of enteral hepatitis, which are united by a single transmission pathway – fecal-oral [1].

The World Health Organization recognizes hepatitis A as a global problem and, first of all, this is due to the prevalence of infection in the world. Today, HAV is the most common cause of hepatitis in the world, infecting more than 1.4 million people annually and leading to the death of 0.5% of them [2].

The prevalence of viral hepatitis A in the world varies and this is due to several factors. Firstly, HAV is transmitted mainly by fecal-oral route through contaminated water and food, so the incidence of viral hepatitis A is higher in countries with low levels of sanitation or with poorly accessible clean water [3]. Secondly, countries with a good level of economy and medicine, through the introduction of vaccination programs, can reduce the prevalence of viral hepatitis A, including in areas or in population groups with high endemic HAV [4]. Thirdly, the true prevalence figures of viral hepatitis A are unknown, since for one case of the disease occurring manifestly, there are at least five to ten cases occurring without clinical manifestations, which, as a rule, are not registered [5]. In countries with high endemicity, the majority of the population is infected with HAV in early childhood and have immunity. In countries with low endemicity, mainly the adult population is infected and infection, as a rule, occursduring travel or living in endemic areas, during homosexual contacts, drug use [7].

In the USA, due to the introduction of vaccination programs in 1995, the prevalence of viral hepatitis A decreased by 92%, but HAV still accounts for half of all cases of viral hepatitis registered in the country [8]. In the Russian In the Russian Federation, half of all acute viral hepatitis is also caused by HAV, and the damage associated with the disease in 2018 was estimated at more than 55 million rubles [9].

The causative agent of the disease is the HA-RNA virus, taxonomically belonging to the family Picornaviridae of the genus Hepatovirus. The CAA was first identified in 1973 by Feinstone S.M. [10].The virus has only one specific antigen, so all open strains of HAV have a high degree of antigenic affinity and exist as a single serotype. Today , 7 genotypes have been identified HAV isolated in different regions – 1, 2, 3 genotypes are found exclusively in humans, 4, 5, 6, 7 – are not infectious for humans.

CAA is highly resistant to environmental factors and persists during freezing for several years, at room temperature in a dry environment – for several weeks, in water – up to 10 months.When heated to 60 ° C, the virus is inactivated after 12 hours, when boiled – after 5 minutes, and is very sensitive to the effects of ultraviolet radiation [11].

Hepatitis A is a severe anthroponosis, the only source of the pathogen is a person. The virus has a high infectivity, but the susceptibility of pregnant women to HAV does not differ from non-pregnant women throughout all trimesters [12].

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The virus is excreted in the feces and mainly spreads through food contaminated with feces and through contaminated water, less often infection occurs during household contact with a sick person [13, 14]. HAV is characterized by long-term viremia, which is a risk factor for parenteral transmission of the virus when using drugs [15]. The risk of HAV transmission is higher in homosexual men who practice oral-anal sex, and in HIV-positive individuals whose viremia lasts longer than in HIV-negative patients, thereby increasing the likelihood of infection [16-18].

The probability of vertical transmission of infection from mother to fetus is currently considered unlikely, although there are several clinical cases of intrauterine infection of the fetus in the literature [19-21]. One of them describes intrauterine infection of the fetus at the 27th week of pregnancy, proven by detected IgM antibodies to HAV in his blood obtained by cordocentesis. Clinically, vertical transmission of CAA was manifested by acute polyhydramnios,ascites and intrauterine meconial peritonitis in the fetus [19]. Cases of nosocomial transmission of HCV from pregnant women and newborns to other children, adults or medical workers have also been described [22, 23].

With viral hepatitis A, there are two mechanisms of liver damage. The first of them is due to the direct cytopathic effect of the virus on hepatocytes, which leads to a violation of the function of cell membranes and the development of cytolytic, mesenchymal-inflammatory, cholestatic syndromes [1]. The second mechanism is the high immunogenicity of the virus, which activates a powerful T-cell immune response that stops the replication of HAV, destroys infected hepatocytes and eliminates the pathogen [24].

RESULTS: According to the scientific analysis, new data on the prevalence of hepatitis A in pregnancy in the world have been obtained. The review describes possible complications of pregnancy and childbirth associated with hepatitis A, highlighted the effectiveness of screening this disease and the tactics of managing pregnancy in infected women.

CONCLUSION: The hepatitis A during pregnancy is often complicated by acute liver failure, which makes it an urgent problem. The analysis shows that timely anti-epidemiological measures and vaccination can reduce the incidence of viral hepatitis A.

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