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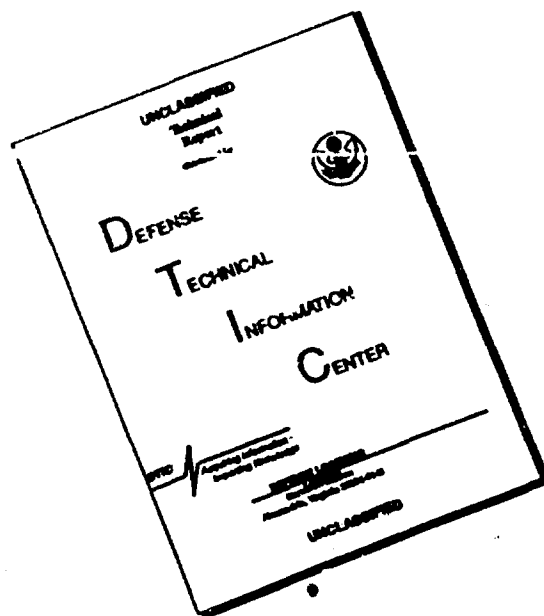
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PEDIATRICS, No. 2, 1955; pages 67-69

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ON THE RESIDUAL PHENOMENA IN CHILDREN HAVING HAD EPIDEMIC HEPATITIS

In some cases of epidemic hepatitis there are lengthy courses and in some cases there are residual appearances. Sometimes these residual phenomena can be detected only through the functional test of the liver. Particularly, the protrombin test can clarify an affection of the liver. However, the data on this are lacking. Many authors conduct these tests while the patient is still in the hospital, while stressing the stability of the hypoprotrombinemia.

The authors studied 36 children 6-19 months after infection with epidemic hepatitis; after 6-8 months-13 patients, after 9-11-12 patients, after 12-17 months-7 and after 18-19 months, 4 people.

Fifteen children had a light form, 16-a medium form and 5- a severe form of Botkins. Accompanying the infection in 11 children there was ascariasis, in 5-lambliosis (in 3 the lambliosis was detected in duodenal contents, in 2-in the form of cysts in the exudant).

Seventeen of the children were released on the 30th day of illness (or 3 weeks after the appearance of icterus), 19-in later periods. All the children were given periodic checks thereafter. 30 children were on a diet and were in bed half of the time. Six children, after being released, were not on a diet or confined, but, two of these six were back in the hospital with residue of the illness (they left the hospital the first time with residual appearances).

Irregardless of the condition in which the children left the hospital, there were some residual appearances in 19 of the 26 whom were observed for 6-19 months.

Also, in 7 children there was a poor appetite, in 7-pains in the abdomen, in 2-vomiting, in one-heartburn, in two children their parents noted dullness. There was a noted parallelism between the severity of infection and degree of residual appearance.

Along with the above, during study of the protrombin, there was a noted disruption of the protrombin producing function of the liver.

Study of 17 patients without residual phenomena disclosed a lower protrombin indicator in 5 children.

Of 19 children having residual phenomena of some type, 8 had hypoprotrombin.

Simultaneous studies were made of circulation of blood and count of trombocytes (Duke and Phonic). The circulation was normal, the quantity of trombocytes was from 11- to 300000 in 1 mm<sup>3</sup> of blood( 26 children has less than 200000 trombocytes).

There was no certain dependence between the number of trombocytes and the level of protrombin in the blood.

#### CONCLUSIONS:

1. In 6-19 months after the infection with epidemic hepatitis, 19 of 36 children had some residual phenomenon.

2. A lower protrombin indicator was noted in 13 children; of them 5 had the hypoprotrombin as the only symptom. This seems to indicate the stable and lengthy disruption of the protrombin producing function of the liver, after infection by epidemic hepatitis.

3. In view of all the above, it is recommended that the children recovering from epidemic hepatitis be under outpatient observation for a regulated period.

\*TWO TABLES\*

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RESIDUAL PHENOMENA AFTER INFECTION WITH BOTKINS DISEASE

TABLE No. 1

INDICATOR	ON RELEASE	ON DAY OF OBSERVATION
Without phenomena	7	17
With Residual phenom.	29	19
Icterus of the sclera	16	1
" " " skin	3	1
Coated tongue	24	15
Enlarged liver	21	15
Enlarged spleen	5	2

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LEVEL OF PROTROMBIN IN BLOOD OF CHILDREN

Table No. 2

PERIOD OF OBSERVATION	PROTROMBIN IN BLOOD (in %)					Total child.
	50	60	70	80	(normal) 90-100	
During illness	2	-	5	17	12	36
On release	-	-	2	11	23	36
During later study	-	-	2	11	23	36