Chronic Hepatitis

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Chronic Hepatitis

Editors
Paolo Gentilini, Florence, Hans Popper, New York, N.Y., and
Ugo Teodori, Florence
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Preface

The fact that renowned hepatologists from all over the world have readily accepted to participate in this International Symposium as chairmen or speakers, shows the great interest in this topic, which has become the object of widespread and detailed study only relatively recently. Only in the 50s did the concept that chronic hepatitis was an autonomous nosological entity begin to make its way: autonomous in relation to cirrhosis, even if some cases actually develop into liver cirrhosis later; and also autonomous in relation to acute hepatitis, especially protracted viral hepatitis, particularly studied immediately after the war. This autonomy derives from anatomoclinical features which are by now well outlined so that in most cases diagnosis is not difficult. There is still, however, a certain amount of doubt when ascertaining the degree of ‘activity’ of the disease and its seriousness. The interest in the subject today therefore does not lie in its nosological aspect, which is by now clarified, also according to the recent classification established in Acapulco. Although the main subject of our Symposium is chronic active hepatitis, other forms will have to be taken into consideration as a necessary means of comparison. These forms are included, in a broad sense, in the term chronic hepatitis, above all the persistent form, described by Bock in 1957, and then chronic alcoholic hepatitis, drug-induced chronic hepatitis and so on.

The reason for choosing this particular subject is on one hand the everincreasing incidence of this ‘active’ form, on the other, the fact that the problem of its etiopathogenesis, of its morphological, functional and above all immunological and therapeutical aspects has still to be clarified. Since the disease can present an extremely different prognosis case by case, the urgent questions we have to answer today is what factors play a determinant role in its development, and if and how it can be modified by suitable treatment. We should ask ourselves what factors promote or determine chronicity in acute hepatitis. I should just like to mention that the Australia antigen has often been reported in the blood of patients with chronic active hepatitis. (We ourselves found that the relatives of at least 12 patients out of the 180 studied after a certain time developed an acute liver disease, with or without jaundice, or else active or persistent, HBsAg-positive chronic hepatitis.)
Why the antigen, and therefore the virus, should persist is not quite clear. It may depend on abnormal immunological reactivity, and precisely on a decrease in cell immunity. In this connection, I should point out that according to our own experience, besides that of the School of Sherlock, cortisone treatment carried out during the acute stage of viral hepatitis promotes chronicity, probably lowering immunological defense. However, the etiopathogenetic problem of chronic hepatitis certainly cannot be reduced to the simple persistence of the virus, which in many cases even has to be demonstrated. On the other hand, the persistence of the virus does not mean sic et simpliciter that the latter maintains its pathogenetic activity (e.g. as in the cases of ‘healthy carriers’).

A number of predisposing conditions should also be taken into consideration: alcoholism, protein denutrition due to various exogenous and endogenous causes, and even concomitant chronic diseases, such as diabetes and siderochromatosis, or chronic infections, as tuberculosis and malaria. Genetic predisposition also seems probable and cases of acute hepatitis developing into chronic forms and finally into cirrhosis have sometimes been observed in later generations. However, rather than dealing with the etiopathogenesis of chronic hepatitis, I should like to point out the ever-increasing incidence of this disease, and therefore its social importance, and to propose a prophylaxis, based on the factors which I mentioned above as promoting the disease. Although the kind of prophylaxis which we could term primary is far from easy, a secondary prophylaxis should be carried out through early diagnosis and early treatment of the disease.

There is unanimous agreement on the problems of rest and diet for these patients, but the actual therapeutic value of the various drugs, particularly cortisone and immunosuppressive drugs, must still be ascertained. I hope that the various contributions presented in this Symposium by highly qualified researchers and the reciprocal exchange of ideas ensuing may shed more light on concepts which are merely outlined and may reduce the extent areas of doubt.

Prof. U. Teodori, I Clinica Medica Universität, 1-50134 Firenze (Italy)