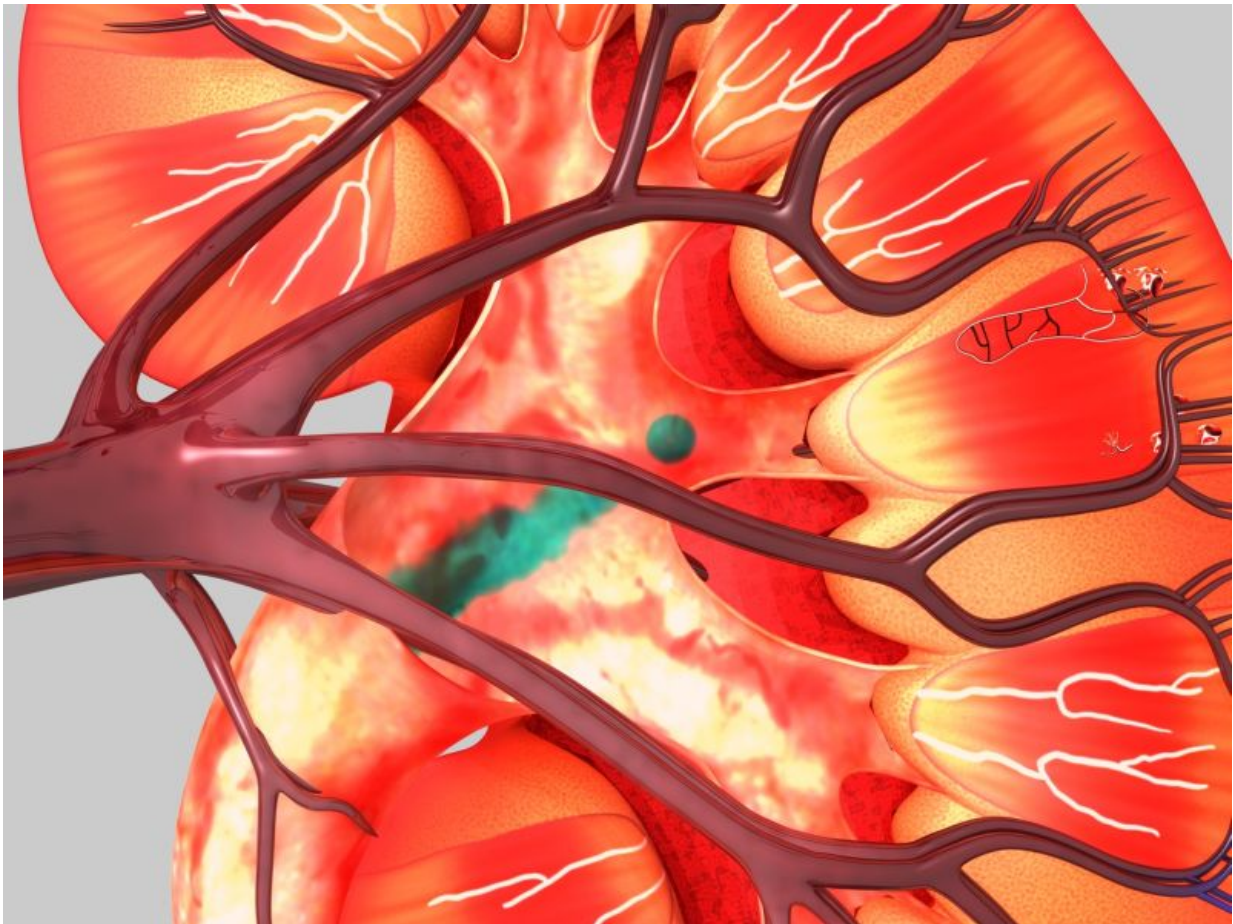


Case of hepatitis E transmission via plasma exchange

March 2 2016



(HealthDay)—A case of hepatitis E virus (HEV) infection has been

reported in a kidney transplant recipient, according to a research letter published online March 1 in the *Annals of Internal Medicine*.

Vincent Mallet, M.D., Ph.D., from the Université Paris Descartes Sorbonne Paris Cité, and colleagues reported transmission of HEV to a 48-year-old female [kidney transplant](#) recipient through [plasma exchange](#). Twenty-eight days after kidney transplantation, acute humoral rejection was diagnosed and treated with a three-day course of methylprednisolone, plasma exchange, and intravenous immunoglobulins. Aminotransferase levels remained elevated for more than 15 months.

The researchers found that genome amplifications for hepatitis B and C viruses, cytomegalovirus [herpes simplex virus](#), and Epstein-Barr [virus](#) were negative. Extensive septal fibrosis was seen in liver biopsy. Based on sequencing using open reading frame 1, HEV RNA genotype 3f was detected in the patient's blood 19 months after transplantation. The patient tested positive for anti-HEV immunoglobulin (Ig)G and negative for anti-HEV IgM. Analysis of a frozen plasma sample drawn five months after transplantation confirmed that the patient had been infected for more than one year. A strain of HEV identical to that in the patient was identified in plasma used during a plasma exchange.

"We believe that all kidney transplant recipients with abnormal liver function test results, especially those treated with plasma exchange, should be tested for HEV RNA," the authors write.

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