

Infection with Hepatitis C among Patients Hospitalised to a Rheumatic Ward in Northern Cyprus

Aim of the work: To describe the frequency of hepatitis C contagion (HCV) infection among cases admitted to a rheumatology ward in northern Cyprus.

Cases and styles: 154 cases admitted to the rheumatology department of Near East University Hospital. The demographic data, examination findings and the medical cause of admission together with clinical instantiations of their complaint was recorded. All cases were screened for HCV antibodies and cryoglobulins.

Results: The mean age of the cases was 46.6 ± 15.8 times. The opinion amongst the 154 cases included rheumatoid arthritis in 24(15.6), arthralgia in 15(9.7), ankylosing spondylitis in 12(7.8), fibromyalgia pattern in 11(7.1), osteoarthritis in 10(6.5), palindromic rheumatism in 10(6.5), systemic lupus erythematosus in 7(4.5), sjogren's pattern in 7(4.5), psoriatic arthritis in 17(11.0), vacuities in 5(3.2), Raynaud miracle in 5(3.2), scleroderma in 4(2.6), enteropathic arthritis in 4(2.6), domestic Mediterranean fever in 4(2.6), gout conditions in 3(1.9), reactive arthritis in 7(4.5), behcet's complaint in 1(0.6) and retroperitoneal fibrosis in 1(0.6) cases. HCV antibodies were negative in all the cases and only 1 manly tested positive for cryoglobulins. Nearly a quarter of the cases were entering on-steroidal ant- seditious medicines (NSAIDs) and 7.1 entered colchicine.

Conclusion: Although rheumatic conditions are noted at a high rate in north Cyprus, there's no associated HCV infection

Keywords: HCV • Rheumatologic complaint • North Cyprus

Introduction

Hepatitis C contagion infection (HCV) is a main cause of liver- related morbidity and mortality worldwide and considered a public health problem. The World Health Organization reports that 130 – 150 million have habitual HCV infections. Accordingly, HCV is accepted as global health problem and the main ideal of the inquiries are its forestalment. The pattern of HCV infection changes according to the geographic and temporal differences. For illustration, the frequency of HCV infection was between 1 and 1.9 in Turkey, Spain and Italy. North Cyprus has a low HCV frequency when compared with the world while the frequency of antibodies to HCV in the United States is roughly 1.6 according to the public health and

nutrition examination check. Discovery of the prevalence of HCV infection is complicated because numerous acute infections are asymptomatic and usable assays don't separate acute and habitual infections.

Hepatitis C contagion infection and rheumatic conditions partake analogous symptoms which include arthralgia, myalgia, arthritis and vacuities. Also, common serologic abnormalities between the two conditions may be detected. There has been interest in the association between HCV and Sjogren's pattern (SS), rheumatoid arthritis (RA), and systemic lupus erythematosus (SLE). HCV isn't only the cause of hepatic instantiations but also causes a significant number of extra-hepatic instantiations (EHMs). The end of

Meryem Güvenir*

Department of Internal Medicine,
Rheumatology and Immunology Unit,
Mansoura University, Egypt

***Author for Correspondence:**

Guenir_mg@Meryem.co.cy

Received: 31-Jan-2023, Manuscript No. fmijcr-23-90005; **Editor assigned:** 02-Feb-2023, Pre-QC No. fmijcr-23-90005 (PQ); **Reviewed:** 15-Feb-2023, QC No. fmijcr-23-90005; **Revised:** 20-Feb-2023, Manuscript No. fmijcr-23-90005 (R); **Published:** 27-Feb-2023, DOI: 10.37532/1758-4272.2023.18 (2).27-29

the current study was to describe the frequency of HCV infection among cases admitted to the rheumatology ward at Near East University Hospital, northern Cyprus [1, 2].

Materials and Method

An aggregate of 154 cases admitted to the rheumatology outpatient department of Near East University Hospitals between January 1st and June 30th, 2016, were included in this study. The demographic data, examination findings and the medical cause of admission together with clinical instantiations of their complaint was recorded. Routine laboratory examinations including blood analysis, erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), renal and liver function tests were performed on all case samples. Fresh laboratory and imaging studies were performed in agreement with each suspected opinion.

All cases were screened for anti-HCV antibodies using enzyme-linked immunosorbent assay (ELISA) (Abbott i2000, Chiga, IL, USA). Other laboratory tests were performed in named cases according to the suspected opinion and clinical instantiations of the case. The study was approved by the Ethical Commission of the Faculty of Medicine, Near East University (EK405-2016) and informed concurrence was attained from the cases [3, 4].

Results

The mean age of the cases was 46.6 ± 15.8 times and ranged between 17 and 86 times and the womanish-tomanly rate was 10648(2.21). The most frequent opinion amongst the 154 cases included rheumatoid arthritis in 24(15.6), arthralgia in 15(9.7), ankylosing spondylitis in 12(7.8), fibromyalgia pattern in 11(7.1), osteoarthritis in 10(6.5), palindromic rheumatism in 10(6.5), systemic lupus erythematosus in 7(4.5), sjogren's pattern in 7(4.5), psoriatic arthritis in 17(11.0), vacuities in 5(3.2), raynaud miracle in 5(3.2), scleroderma in 4(2.6), enteropathic arthritis in 4(2.6), domestic Mediterranean fever in 4(2.6), gout conditions in 3(1.9), reactive arthritis in 7(4.5), behcer's complaint in 1(0.6) and retroperitoneal fibrosis in 1(0.6) cases [5, 6].

Discussion

It has been reported that the frequency of HCV amongst cases with rheumatic conditions were rather high, ranging from 0.65 to 5.4 in RA, while in SLE, SS, polymyositis/ dermatomyositis and psoriatic arthritis cases it was 1 – 10, 14, 10 and 12, independently. Set

up the frequency of HCV in rheumatic conditions 1.9 being present in those with SLE and RA.

In a study from Turkey, 0.6 of cases with rheumatic conditions were HCV positive. Çefle and Yazıcı examined 416 cases including 300 RA and 116 AS cases and reported that the frequency of the HCV were 1.4 (6/416). Of the six cases; five of them had been diagnosed with RA (1.6) and one of them had AS (0.9). According to The World Health Organization's 2013 HCV complaint burden report, Turkey has been distributed together with countries which form part of North Africa and the Middle East. The HCV frequency amongst countries in these regions has been reported as 3.2 – 4.1. Still, in Turkey anti-HCV positivity rates were set up to vary between 0.1 and 1. In Egypt, the frequency of HCV among pregnant women ranged between 5 and 15, among blood benefactors between 5 and 25, and amongst other population groups between 0 and 40. In another study which examined RA cases in Egypt, The HCV antibody was detected in 20 and viremia in 12.7 of RA cases. Genotypes 1 – 3 display a worldwide distribution, while genotypes 4 – 6 are more geographically defined and represent long-term aboriginal infection [7, 8].

Globalisation is continually changing the face of worldwide HCV epidemiology as a result of ultramodern transmission and mortal migration. In the eastern Mediterranean region where Cyprus lies, HCV genotypes aren't distributed slightly. Cyprus is a small islet, but sits at a crossroad connecting Europe, Africa, and Asia, giving rise to a high rate of affluence of excursionists and emigrants. Also, as it's now a member state of the European Union, entry into Cyprus is easy, easing the preface of new contagious conditions. A high frequency of HCV infection was reported among medicine druggies attending remedy programs in Cyprus. A inheritable diversity of HCV infection in Cyprus has been demonstrated, with five of the six known HCV genotypes on the islet, including unclassified isolates in genotypes 1 and 4.

In conclusion, although rheumatic conditions are noted at a high rate in north Cyprus, there's no associated HCV infection. A case-control larger scale longitudinal study is recommended to confirm the present results and to study the possible effect of the specifics entered. [9, 10].

Conflict of Interest

None.

References

1. Weiss JE. Pediatric Systemic Lupus Erythematosus: More Than a Positive Antinuclear Antibody. *Pediatr Rev.* 33, 62-74 (2012).
2. Gottlieb BS, Norman TI. Systemic Lupus Erythematosus in Children and adolescents. *Pediatr Rev.* 27,323-330 (2006).
3. Danchenko N, Satia JA, Anthony MS. Epidemiology of systemic lupus erythematosus: a comparison of worldwide disease burden. *Lupus.* 15,308-318 (2006).
4. Guiducci C, Gong M, Xu Z *et al.* TLR recognition of self nucleic acids hampers glucocorticoid activity in lupus. *Nature.* 465,937-941 (2010).
5. De Castro TCM, Hsien HC. Depression as the First Manifestation in a Young Girl With Juvenile Systemic Lupus Erythematosus. *Arch Rheumatol.* 33,105 (2018).
6. Korczak DJ, Sheri Madigan S, Colasanto M. Children's physical activity and depression: A meta analysis. *Pediatrics.* 139, e20162266 (2017).
7. Hammen C, Hazel NA, Brennan PA *et al.* Intergenerational transmission and continuity of stress and depression: depressed women and their offspring in 20 years of follow-up. *Psychology Med.* 42,931-941 (2012).
8. Avenevoli S, Swendsen J, He J *et al.* Major Depression in the National Comorbidity Survey- Adolescent Supplement: Prevalence, Correlates, and Treatment. *J Am Acad Child Adolesc Psychiatry.* 54,37-44 (2015).
9. Ghareeb GA, Beshai JA. Arabic Version of the Children's Depression Inventory: Reliability and Validity. *Journal of Clinical Child Psychology.* 18,323-326 (1989).
10. Mok C, Lau C, Chan T *et al.* Clinical characteristics and outcome of southern Chinese males with systemic lupus erythematosus. *Lupus.* 8,188-196 (1999).