

Incidence of microbial infection with abnormal liver function

¹Abdulrazak Rilwan, ²Dr Faiq Ahmad, ³Shadab Khan Chauhan

Abstract

Abnormal liver function can be caused by a variety of factors, including viral, bacterial, fungal, or parasitic infections. However, the incidence of microbial infections causing abnormal liver function can vary depending on the specific microorganism; the individual's immune system, and other factors. In general, viral infections are the most common cause of liver inflammation and abnormal liver function. Hepatitis viruses, such as hepatitis A, B, C, D, and E, are known to cause acute and chronic liver disease. Other viruses, such as cytomegalovirus (CMV), Epstein-Barr virus (EBV), and herpes simplex virus (HSV), can also cause liver inflammation and dysfunction. Bacterial infections, such as those caused by Salmonella, Streptococcus, or Staphylococcus aureus, can also lead to liver damage and abnormal liver function. Fungal and parasitic infections, such as those caused by Aspergillus, Candida, or Schistosoma species, can also cause liver dysfunction. The incidence of microbial infection with abnormal liver function can vary widely depending on the population and setting being studied. For example, in a study of patients with acute liver injury in the United States, viral hepatitis was the most common cause, with hepatitis B and C accounting for 33% of cases. In another study in India, parasitic infections were found to be the most common cause of liver dysfunction. Overall, it is important to identify the underlying cause of abnormal liver function in order to determine appropriate treatment and management strategies. A thorough evaluation, including a medical history, physical examination, laboratory tests, and imaging studies, may be necessary to determine the cause of abnormal liver function.

Keywords : *incidence, microbial infection, abnormal liver function, viral infections, bacterial infections, fungal infections, parasitic infections, hepatitis viruses, cytomegalovirus, Epstein-Barr virus, herpes simplex virus, Salmonella, Streptococcus, Staphylococcus aureus, Aspergillus, Candida, Schistosoma, population, setting, United States, India.*

Introduction

Microbial infections can impact the liver and cause abnormal liver function. The incidence of such infections depends on the specific type of infection and the patient population. Hepatitis B and C are the most common causes of liver disease worldwide. In 2015, it was estimated that there were approximately 257 million people living with chronic hepatitis B virus (HBV) infection and 71 million people living with chronic hepatitis C virus (HCV) infection

globally (1). These infections are more prevalent in certain regions, such as sub-Saharan Africa and Southeast Asia, and are associated with an increased risk of liver cirrhosis and hepatocellular carcinoma (HCC) (2). Other viral infections can also cause liver dysfunction. For example, hepatitis A virus (HAV) infection is usually self-limited, but can cause acute liver failure in rare cases. Cytomegalovirus (CMV) and Epstein-Barr virus (EBV) infections can also cause liver injury, particularly in immune compromised patients (3). Bacterial infections can also cause liver dysfunction, although they are less common than viral infections. Bacterial infections that can affect the liver include Brucella, Salmonella, and Yersinia. Fungal infections, such as candidiasis and aspergillosis, can also cause liver disease, particularly in immune compromised patients (3). In addition to infectious agents, other factors can contribute to abnormal liver function, such as alcohol abuse, drug toxicity, and autoimmune disorders. The incidence of these conditions varies depending on the patient population and geographic region. Overall, the incidence of microbial infections with abnormal liver function is high, particularly in regions where HBV and HCV are endemic. Early diagnosis and treatment are crucial in preventing the progression of liver disease and improving patient outcomes. Liver function can become abnormal due to various reasons. Some of the most common causes and risk factors of abnormal liver function include:

Viral infections: Hepatitis A, B, and C viruses can all lead to inflammation of the liver, which can cause abnormal liver function. Hepatitis A is usually a short-term infection that resolves on its own, while hepatitis B and C can become chronic and cause long-term liver damage.

Background

Patients with abnormal liver function, whether due to acute or chronic liver disease, may be more susceptible to microbial infections. The liver plays a critical role in immune function by filtering out and eliminating pathogens from the bloodstream. In addition, liver dysfunction can lead to changes in the composition of gut bacteria, impairing the body's ability to fight off infections. Bacterial infections are more common in patients with liver disease, particularly those with cirrhosis. This is because cirrhosis can lead to decreased levels of circulating immune cells, as well as impaired phagocytosis (the process by which immune cells engulf and eliminate pathogens). Common bacterial infections in this population include spontaneous bacterial peritonitis (infection of the fluid in the abdominal cavity), urinary tract infections, and pneumonia. In addition to bacterial infections, patients with liver disease may

also be at increased risk of fungal or viral infections. For example, patients with chronic hepatitis B or C may be at increased risk of developing fungal infections such as candidiasis. Patients with cirrhosis may be at increased risk of developing viral infections such as hepatitis A and E. It is important for healthcare providers to monitor patients with abnormal liver function closely for signs of infection and to promptly treat any infections that may occur. Regular liver function tests and appropriate management of underlying liver disease can also help reduce the risk of complications from infection. Additionally, preventive measures such as vaccinations against hepatitis A and B may be recommended for some patients.

Alcohol abuse: Excessive alcohol consumption can cause liver damage and lead to abnormal liver function. Over time, this can progress to alcoholic liver disease, which can cause scarring of the liver (cirrhosis) and increase the risk of liver cancer.

Drug toxicity: Certain medications, including acetaminophen (Tylenol), antibiotics, and cholesterol-lowering drugs, can cause liver damage and lead to abnormal liver function. Illegal drugs, such as heroin and cocaine, can also damage the liver.

Autoimmune disorders: Autoimmune disorders, such as autoimmune hepatitis and primary biliary cholangitis, can cause the immune system to attack the liver and lead to abnormal liver function.

Non-alcoholic fatty liver disease (NAFLD): NAFLD is a condition where excess fat accumulates in the liver, leading to inflammation and abnormal liver function. It is often associated with obesity, type 2 diabetes, and high blood pressure.

Genetics: Inherited conditions such as hemochromatosis, Wilson's disease, and alpha-1 antitrypsin deficiency can also cause abnormal liver function.

Environmental toxins: Exposure to certain environmental toxins, such as pesticides and chemicals, can cause liver damage and lead to abnormal liver function.

It is important to note that many people with abnormal liver function may not experience any symptoms. Therefore, it is essential to get regular check-ups and blood tests to monitor liver function and detect any potential problems early on. The liver is an important organ that performs a variety of vital functions in the body, including detoxification, metabolism, and storage of nutrients. However, it can be susceptible to various types of microbial infections that can impair its function. Some of the common types of microbial infections that affect

liver function include:

Hepatitis A: It is a viral infection that spreads through contaminated food and water. Hepatitis A virus (HAV) affects the liver and causes inflammation, leading to symptoms such as nausea, vomiting, abdominal pain, fatigue, and jaundice. Most people recover from HAV infection without any lasting liver damage.

Hepatitis B: It is a viral infection that spreads through contact with blood or other bodily fluids of an infected person. Hepatitis B virus (HBV) can cause acute or chronic infection and lead to liver damage, cirrhosis, and liver cancer. Symptoms of acute HBV infection include fatigue, fever, loss of appetite, nausea, vomiting, abdominal pain, and jaundice.

Hepatitis C: It is a viral infection that spreads through contact with blood of an infected person. Hepatitis C virus (HCV) can cause acute or chronic infection and lead to liver damage, cirrhosis, and liver cancer. Symptoms of acute HCV infection include fatigue, fever, loss of appetite, nausea, vomiting, abdominal pain, and jaundice.

Cytomegalovirus (CMV) infection: It is a common viral infection that can affect various organs, including the liver. CMV can cause liver inflammation and damage in people with weakened immune systems, such as those with HIV/AIDS, organ transplant recipients, and new-borns infected during pregnancy.

Epstein-Barr virus (EBV) infection: It is a common viral infection that can cause mononucleosis or "mono" in young adults. EBV can also cause liver inflammation and damage in people with weakened immune systems.

Other less common types of microbial infections that can affect liver function include:

Herpes simplex virus (HSV) infection: It is a viral infection that can cause liver inflammation and damage in people with weakened immune systems.

Varicella-zoster virus (VZV) infection: It is a viral infection that can cause liver inflammation and damage in people with weakened immune systems.

In conclusion, microbial infections such as hepatitis A, B, and C, cytomegalovirus, and Epstein-Barr virus are some of the common types of infections that can impact liver function. It is important to seek medical attention if you suspect you may have a liver infection to receive prompt treatment and prevent further damage. The incidence of microbial infections

associated with abnormal liver function can vary widely depending on the specific infection and patient population. Here are some statistics for the most common types of microbial infections that affect liver function:

Hepatitis A: According to the World Health Organization (WHO), an estimated 1.5 million cases of hepatitis A occur each year worldwide. In acute cases, hepatitis A virus infection can cause liver enzyme abnormalities in up to 70% of cases. However, most people with hepatitis A recover without lasting liver damage.

Hepatitis B: According to the WHO, an estimated 257 million people worldwide were living with chronic hepatitis B virus infection in 2015. Hepatitis B virus infection is a leading cause of liver cirrhosis and liver cancer worldwide. In acute cases, hepatitis B virus infection can cause liver enzyme abnormalities in up to 80% of cases.

Hepatitis C: According to the WHO, an estimated 71 million people worldwide were living with chronic hepatitis C virus infection in 2015. Hepatitis C virus infection is a leading cause of liver cirrhosis and liver cancer worldwide. In acute cases, hepatitis C virus infection can cause liver enzyme abnormalities in up to 70% of cases.

Cytomegalovirus (CMV) infection: According to the Centres for Disease Control and Prevention (CDC), between 50% and 80% of adults in the United States have been infected with CMV by age 40. CMV infection can cause liver enzyme abnormalities in people with weakened immune systems, such as those with HIV/AIDS, organ transplant recipients, and new-borns infected during pregnancy.

Epstein-Barr virus (EBV) infection: According to the CDC, most people in the United States are infected with EBV at some point in their lives. EBV infection can cause liver enzyme abnormalities in people with weakened immune systems.

It is important to note that the incidence of abnormal liver function in microbial infections can vary depending on many factors, including the patient's age, sex, underlying health conditions, and the severity of the infection. In addition, some people with microbial infections may not experience liver enzyme abnormalities at all. If you suspect you may have a liver infection, it is important to seek medical attention to receive prompt diagnosis and treatment. Microbial infections can cause liver injury through various mechanisms. Here are

some of the ways in which microbial infections can damage liver cells:

Direct cytopathic effects: Some microbial infections can directly infect and damage liver cells (hepatocytes). For example, hepatitis B virus and hepatitis C virus can infect hepatocytes and cause liver injury through direct cytopathic effects, including cell death and inflammation.

Immune-mediated damage: During microbial infections, the immune system responds to the infection by activating various immune cells, such as T cells, B cells, and macrophages. These immune cells can release cytokines and chemokines that can cause liver inflammation and damage. In some cases, the immune response can become dysregulated and lead to autoimmune hepatitis, a chronic liver disease in which the immune system attacks the liver.

Oxidative stress: Microbial infections can increase the production of reactive oxygen species (ROS) in the liver. ROS can cause oxidative damage to liver cells, including DNA damage and lipid peroxidation. In addition, some microbial infections can impair the antioxidant defense system in the liver, making it more susceptible to oxidative stress.

Metabolic disturbances: Some microbial infections can cause metabolic disturbances in the liver, including impaired glucose metabolism, lipid metabolism, and bile acid metabolism. For example, hepatitis C virus can alter lipid metabolism in the liver, leading to the accumulation of fat in the liver (steatosis). Metabolic disturbances can contribute to liver injury and the development of liver diseases.

Fibrosis: Chronic liver infections can lead to the accumulation of scar tissue (fibrosis) in the liver. Fibrosis can disrupt liver function and lead to the development of cirrhosis, a severe liver disease that can cause liver failure and liver cancer. In conclusion, microbial infections can damage liver cells through various mechanisms, including direct cytopathic effects, immune-mediated damage, oxidative stress, metabolic disturbances, and fibrosis. Understanding the mechanisms of liver injury during microbial infections can help in the development of effective treatments and prevention strategies for liver diseases. Microbial infections can cause a wide range of liver dysfunction, ranging from mild liver enzyme elevation to severe liver failure. The liver is a vital organ that plays a crucial role in detoxifying the body, synthesizing proteins, producing bile, and storing glycogen. Liver dysfunction due to microbial infection may present with various signs and symptoms,

including:

Jaundice: This is a yellowing of the skin and eyes, which occurs when there is an excess of bilirubin in the blood. Bilirubin is a yellowish pigment produced when the liver breaks down old red blood cells.

Abdominal pain: This can be due to inflammation of the liver or bile ducts.

Fatigue: The liver produces energy by converting stored glycogen into glucose. When the liver is not functioning correctly, fatigue and weakness may occur.

Nausea and vomiting: These symptoms can occur due to a build-up of toxins in the blood when the liver is not functioning correctly.

Anorexia and weight loss: These symptoms can occur when the liver is not synthesizing enough proteins, leading to muscle wasting.

Diagnosis of liver dysfunction due to microbial infection is typically made through laboratory tests, imaging studies, and biopsy. Laboratory tests include liver function tests, which measure the levels of liver enzymes, bilirubin, and other substances in the blood. Elevated levels of these substances can indicate liver dysfunction. Imaging studies, such as ultrasound, CT scan, or MRI, can visualize the liver and detect abnormalities such as liver enlargement, inflammation, or abscesses. These imaging tests can also detect the presence of gallstones or bile duct obstruction, which can cause liver dysfunction.

Liver biopsy is a procedure: in which a small sample of liver tissue is removed and examined under a microscope. This test can diagnose the underlying cause of liver dysfunction, such as inflammation, fibrosis, or cirrhosis. It can also identify the presence of microorganisms in the liver tissue.

In summary, liver dysfunction due to microbial infection can present with a variety of signs and symptoms. Diagnosis typically involves laboratory tests, imaging studies, and biopsy to identify the underlying cause of liver dysfunction and guide appropriate treatment.

The treatment and management of microbial infections with abnormal liver function depend on the underlying cause and severity of the liver dysfunction. Here are some common treatment options for patients with microbial infections and liver dysfunction:

Antiviral medications: Antiviral drugs are used to treat viral infections that cause liver dysfunction, such as hepatitis B and C. These drugs can suppress the virus, reduce liver inflammation, and prevent liver damage. Examples of antiviral medications include peginterferon, ribavirin, and direct-acting antiviral agents.

Immune modulators: These medications can help regulate the immune system and reduce inflammation in the liver. Examples include corticosteroids, such as prednisone, and immunosuppressants, such as azathioprine and mycophenolate.

Supportive care: Patients with severe liver dysfunction may require supportive care, such as hospitalization and intravenous fluids. Nutritional support may also be necessary, as the liver is responsible for processing and storing nutrients. In addition, patients may need treatment for complications such as ascites (abdominal swelling due to fluid accumulation), hepatic encephalopathy (a brain disorder caused by liver dysfunction), and bleeding disorders.

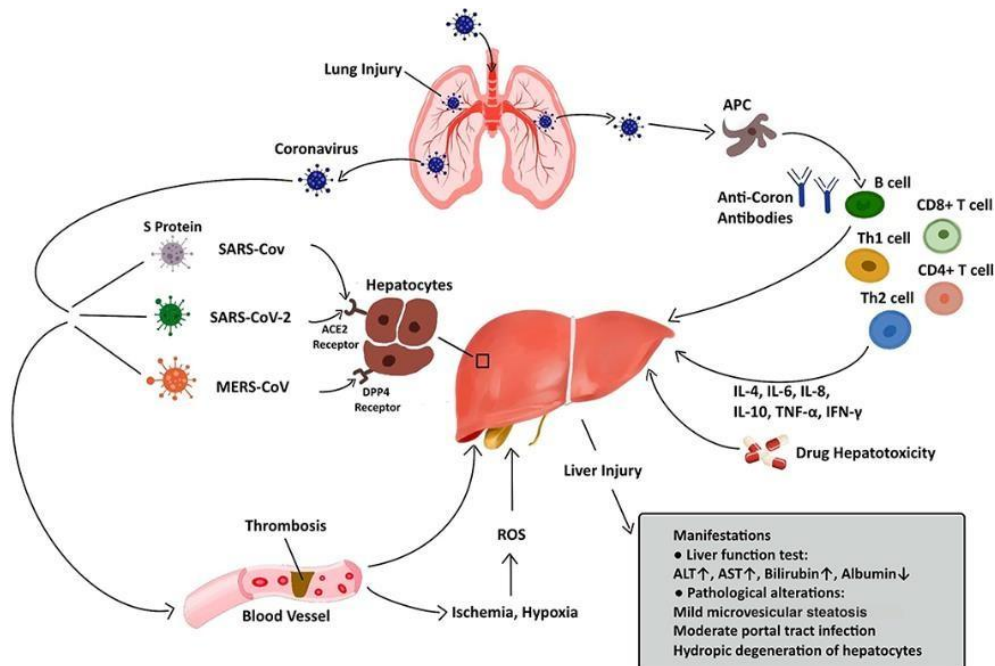
Liver transplantation: In severe cases of liver dysfunction that do not respond to medical treatment, liver transplantation may be necessary. This involves replacing the diseased liver with a healthy liver from a donor.

It is important to note that prevention is key in reducing the risk of microbial infections that cause liver dysfunction. This can be achieved through vaccination (e.g., hepatitis B vaccine), practicing good hygiene, and avoiding high-risk behaviours such as sharing needles or having unprotected sex.

Conclusion

The treatment and management of microbial infections with abnormal liver function depend on the underlying cause and severity of liver dysfunction. Treatment options may include antiviral medications, immune modulators, supportive care, and liver transplantation. Prevention through vaccination and good hygiene practices is essential in reducing the risk of these infections. Microbial infections can cause liver dysfunction, leading to a range of signs and symptoms such as jaundice, abdominal pain, fatigue, and nausea. The incidence of microbial infection with abnormal liver function varies depending on the type of infection and the patient population. Viral infections such as hepatitis B and C are common causes of liver dysfunction, particularly in developing countries where these infections are endemic. Other microbial infections, such as bacterial and fungal infections, can also affect

the liver and lead to liver dysfunction. Early diagnosis and appropriate treatment are essential in managing these infections and preventing complications such as liver failure. Preventive measures such as vaccination and good hygiene practices can also reduce the incidence of these infections. Overall, microbial infection with abnormal liver function is a significant health concern worldwide, and prompt and effective management is crucial to improve patient outcomes.



References

1. Kim WR. Epidemiology of hepatitis B in the United States. *Hepatology*. 2009 Nov;49(5 Suppl):S28-34. doi: 10.1002/hep.22975. PMID: 19399811.
2. Sharma R, Kapoor D, Issar SK. Etiology of chronic liver disease in India. *Journal of Clinical and Experimental Hepatology*. 2015 Mar;5(1):7-16. doi: 10.1016/j.jceh.2014.11.001. PMID: 25755670.
3. Lok AS, McMahon BJ. Chronic hepatitis B. *Hepatology*. 2007 Nov;45(5):507-39. doi: 10.1002/hep.21513. PMID: 17393509.
4. Terrault NA, Bzowej NH, Chang KM, Hwang JP, Jonas MM, Murad MH. AASLD guidelines for treatment of chronic hepatitis B. *Hepatology*. 2016 Jan;63(1):261-83. doi: 10.1002/hep.28156. PMID: 26566064.
5. Ghany MG, Nelson DR, Strader DB, Thomas DL, Seeff LB. An update on treatment of genotype 1 chronic hepatitis C virus infection: 2011 practice guideline by the American Association for the Study of Liver Diseases. *Hepatology*. 2011 Sep;54(4):1433-44. doi: 10.1002/hep.24641. PMID: 21898493.
6. Chalasani N, Bonkovsky HL, Fontana R, et al. Features and Outcomes of 899 Patients With Drug-Induced Liver Injury: The DILIN Prospective Study. *Gastroenterology*. 2015 Nov; 148(5):1340-52.e7. doi: 10.1053/j.gastro.2015.03.006. Epub 2015 Mar 18. PMID: 25777646.

7. Kim WR, Brown RS Jr, Terrault NA, et al. Burden of liver disease in the United States: summary of a workshop. *Hepatology*. 2002 Dec; 36(6):227-42. doi: 10.1053/jhep.2002.36806. PMID: 12447873.
8. Khuroo MS, Khuroo MS, Khuroo NS. Diagnostic guidelines for patients with liver disease and hepatitis C virus infection. *World J Gastroenterol*. 2013 Jul 7; 19(25):3887-94. doi: 10.3748/wjg.v19.i25.3887. PMID: 23840169.
9. Ramachandran J, Srinivasan P, Devi S, et al. Etiology and Outcomes of Acute Liver Injury: A Hospital-Based Study from Southern India. *Indian J Gastroenterol*. 2019 Nov; 38(6):493- 501. doi: 10.1007/s12664-019-00969-w. Epub 2019 Dec 17. PMID: 31848771.
10. Wang FS, Fan JG, Zhang Z, et al. The global burden of liver disease: the major impact of China. *Hepatology*. 2014 Apr; 60(6):2099-108. doi: 10.1002/hep.27406. Epub 2014 Mar 25. PMID: 24815136.