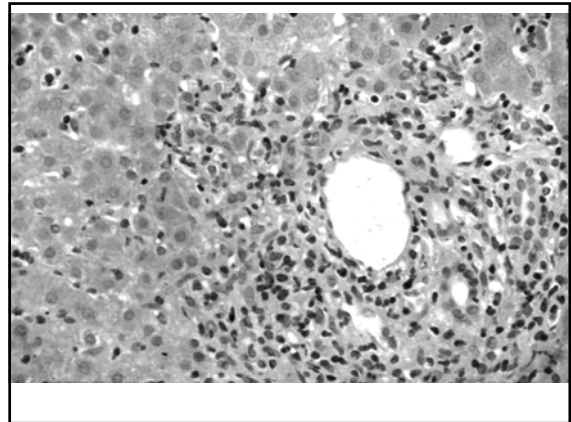
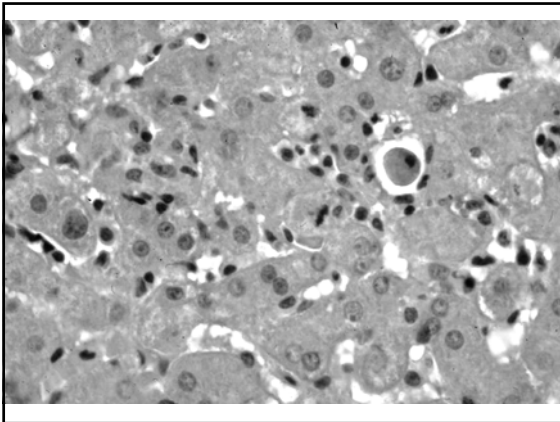
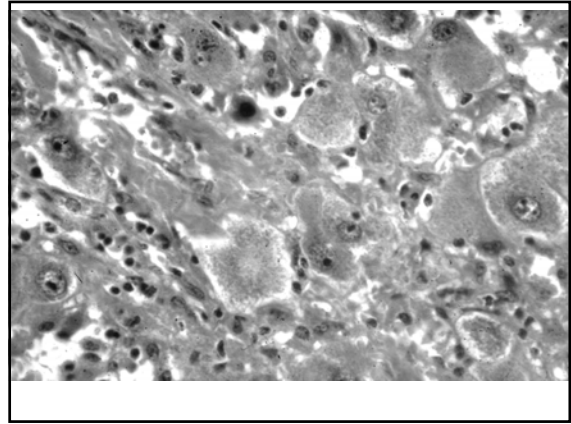
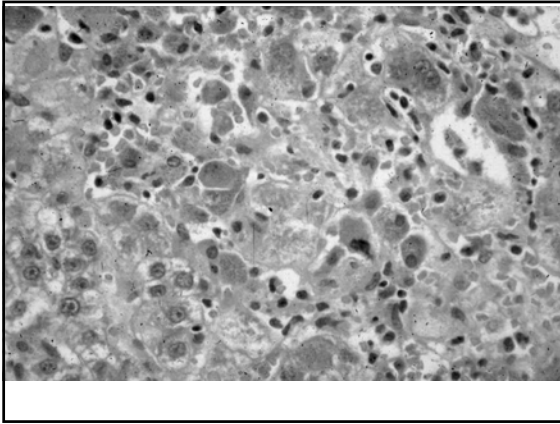
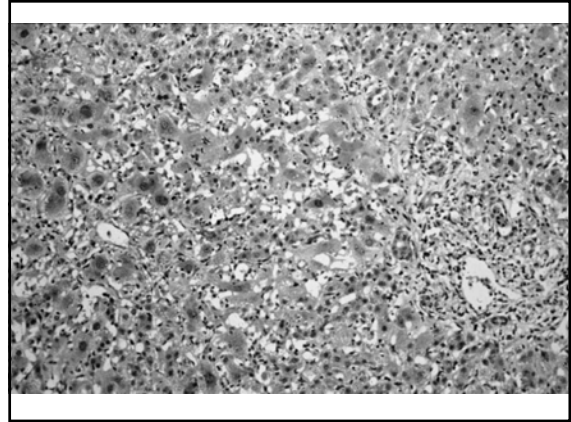


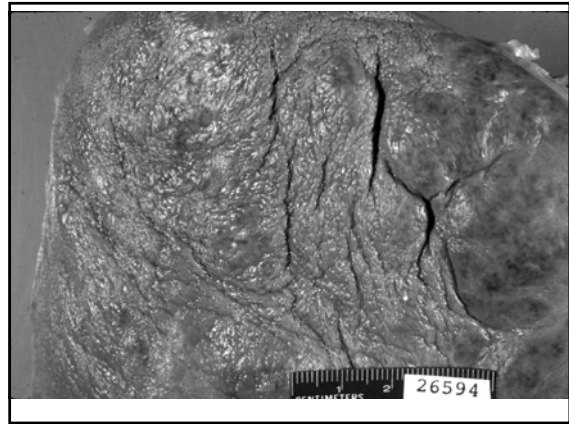
Acute Hepatitis

Hepatocellular degeneration
(ballooning, apoptosis)

+

Diffuse inflammation
(lobular & portal)


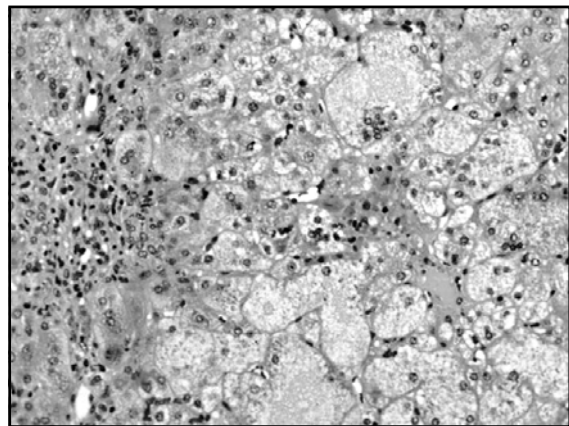




Neonatal hepatitis

Causes:
 •TORCH agents

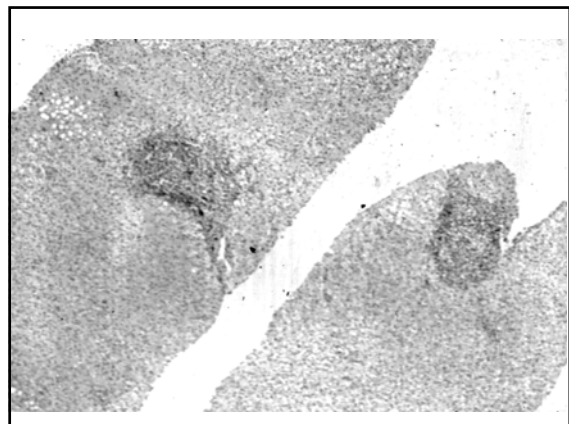
Pathology:
 •giant cell hepatitis

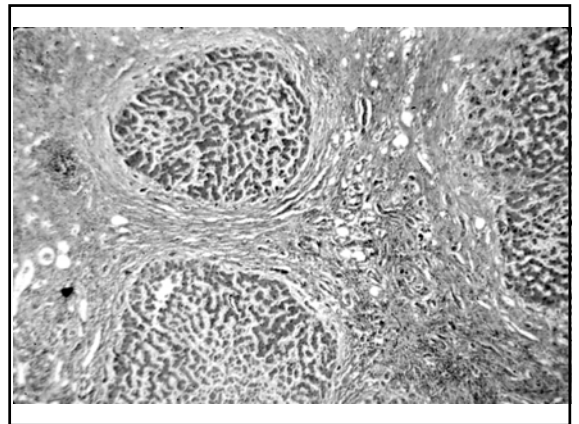
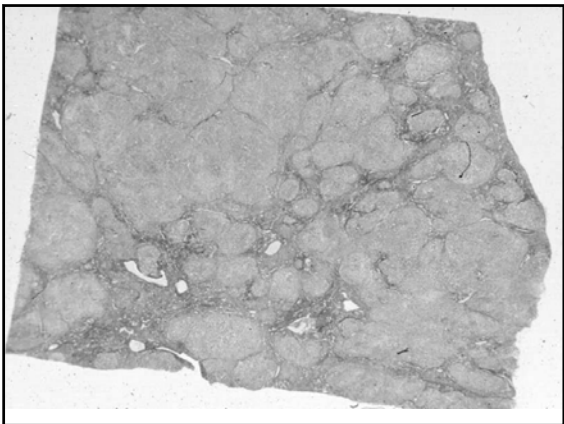
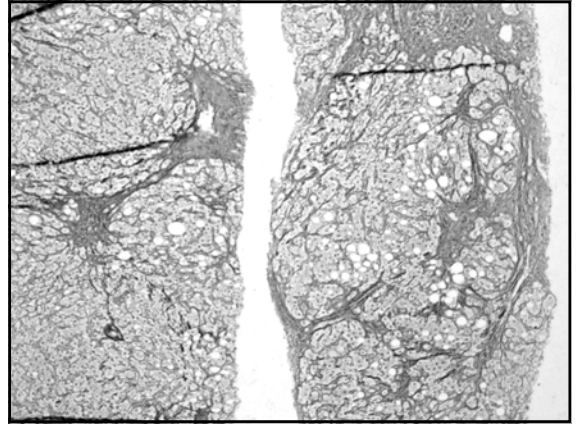
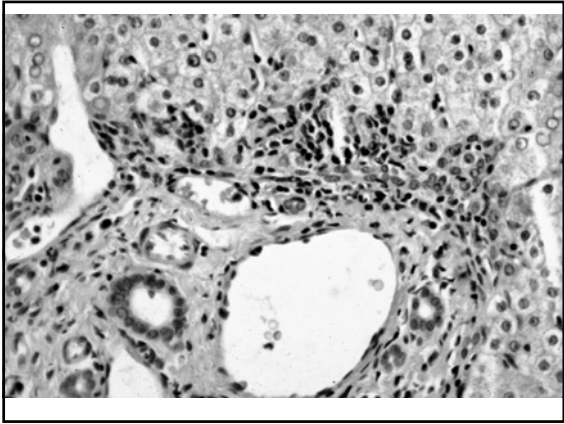
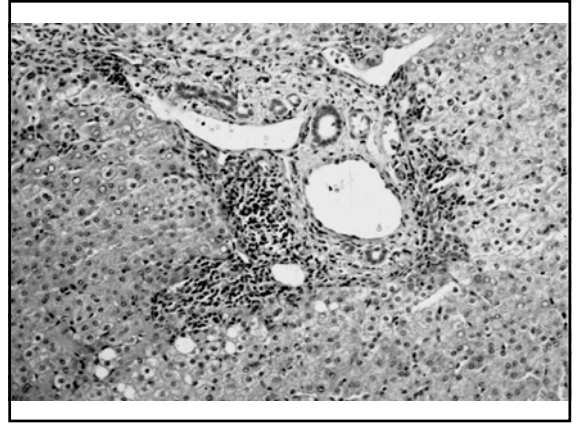
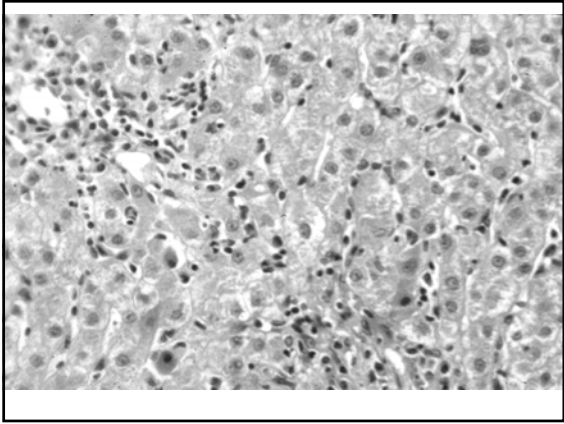



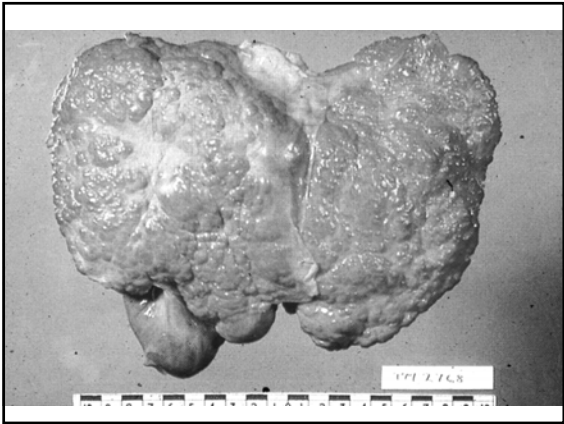
Chronic Hepatitis

Def: Inflammation of the liver continuing without improvement for 6 mos. or longer
 (U.S. Gov't Printing Office, 1976)

Causes: Hepatitis B, C, D
 Autoimmune hepatitis
 Drug hepatotoxicity
 Metabolic disease:
 α_1 -antitrypsin def.
 Wilson's disease







Pathology of Chronic Hepatitis

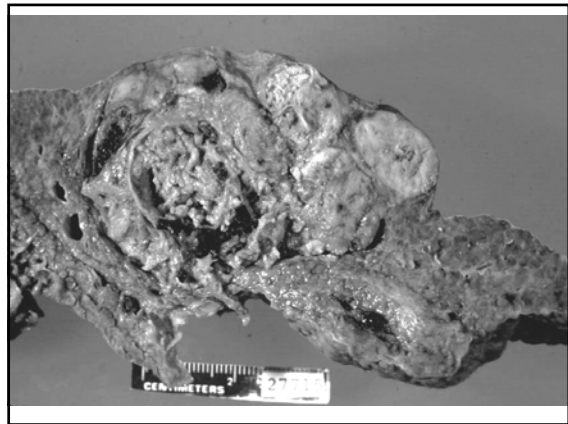
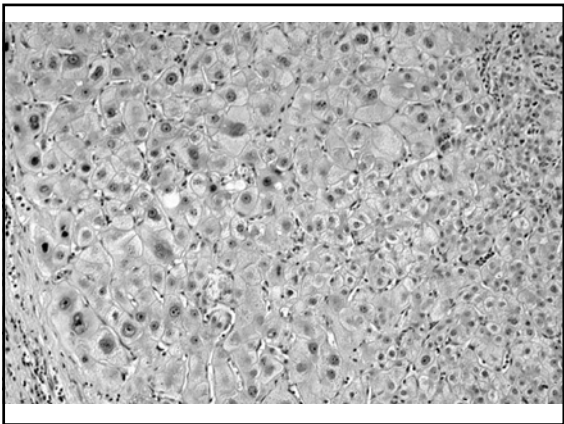
- ongoing chronic inflammation
- ongoing hepatocyte damage
- may have fibrosis/cirrhosis

Grading (0,1,2,3,4)
(degree of necroinflamm.)

Staging (0,1,2,3,4)
(degree of fibrosis/cirrhosis)

lobular portal
interface (periportal)

example: Stage 2 (mild fib.)



**Etiology of chronic hepatitis:
Specific histopathological features**

CAUSE	FEATURE(S)
HBV	-ground glass inclusions (Victoria blue/orcein stains)
HCV	-lymphoid aggregates -fat
Autoimmune hep.	-bile duct damage -interface hepatitis -plasma cells, regen. rosettes
α_1 -antitrypsin def.	-diastase-PAS globules
Wilson disease	-copper and copper-binding protein (Victoria blue/orcein stains)

