becomes more popular, the use of an accurate definition of cortical scarring is essential.

T J BEATTIE

Renal Unit

J R MACKENZIE

Departments of Radiology and Pediatrics,
Royal Hospital for Sick Children, Yorkhill,
Glasgow: G3 8SJ


Acute hepatitis due to brucella in a 2 year old child

EDITOR,—Liver involvement is frequent in acute and chronic brucellosis. Usually an increase in transaminase values and a mild hepatosplenomegaly occur, sometimes an acute hepatitis develops, but it is rarely the only clinical manifestation of the infection.1 We report a case where hepatitis was the only manifestation of acute brucellosis.

The patient, a 2 year old boy from Sicily, with an unremarkable history, was found by chance to have hepatosplomegaly and high transaminase values (aspartate aminotransferase (AST) 220 IU/l, alanine aminotransferase (ALT) 570 IU/l). Because of the persistence of this clinical picture, he was admitted to our department one month later. Clinical examination showed good general condition, apyrexia, hepatosplenomegaly, inguinal and laterocervical microadenia, and normal neuropsychic development. Laboratory tests showed haemoglobin 122 g/l, platelet count 155x10^9/l, white cell count 5.3x10^9/l, erythrocyte sedimentation rate 5 mm/hour, AST 793 IU/l, ALT 1184 IU/l, alkaline phosphatase 805 IU/l, y-glutamyltransferase 72 IU/l, and lactate dehydrogenase 1314 IU/l. Abdominal ultrasonography showed moderate hepatosplonemegaly, without any structural or morphological changes. Common causes of viral, metabolic and immunological liver damage were excluded by specific assays. Because of a further increase in transaminase values (AST 1065 IU/l, ALT 1552 IU/l), liver biopsy was performed. The biopsy specimen showed a picture of a specific reactive hepatitis with microgranulomas. The possible causes of liver granulomatosis were investigated.2 Mantoux intradermal reaction and serological test for chlamydia, mycoplasma, and rickettsia were negative. The Wright reaction was positive (Brucella abortus 1:160). Brucella melitensis 1:160). The diagnosis was confirmed on a liver biopsy specimen by indirect immunofluorescence, using specific monoclonal antibody ISS/32.3 A more accurate study of the patient’s history showed intake of homemade fresh cheese prepared by local shepherds. After recommended treatment,4 liver function tests returned to within the normal range and the titre measured by the Wright reaction decreased (B abortus 1:80, B melitensis 1:20).

This case shows that acute hepatitis may represent the first and the only manifestation of brucellosis. Brucellosis must be considered in the differential diagnosis of hepatitis, especially in patients coming from endemic regions.

G LOSURDO A TIMITILI L TASSO G CARLI F CIUCINNI
R ADONE R GIACCHINO
Department of Infectious Diseases and *Department of Pathology, G Gaslini Children’s Hospital, Largo G Gaslini 5, 16147 Genoa, Italy
†Veterinary Department, Istituto Superiore di Sanita, Rome