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## D

In this section: What is hepatitis D? Hepatitis D is a viral infection that causes liver inflammation and damage. Inflammation is swelling that occurs when tissues of the body become injured or become infected. Inflammation can damage organs. Viruses invade normal cells in your body. Many viruses cause infections that can spread from person to person. The hepatitis D virus is unusual because it can only infect you if you also have a hepatitis B virus infection. In this way, hepatitis D is a double infection. Protect yourself from hepatitis D by protecting yourself from hepatitis B by getting the hepatitis B vaccine. Hepatitis D spreads in the same way as hepatitis B spreads, through contact with the blood of an infected person or other bodily fluids. The hepatitis D virus can cause acute or chronic infection, or both. Acute hepatitis D Acute hepatitis D is a short-term infection. The symptoms of acute hepatitis D are the same as the symptoms of any type of hepatitis and are often more severe.<sup>19</sup> Sometimes your body is able to fight the infection and the virus disappears. Chronic hepatitis D Chronic hepatitis D is a long-term infection. Chronic hepatitis D occurs when your body is unable to fight the virus and the virus does not go away. People with chronic hepatitis B and D develop complications more frequently and faster than people with chronic hepatitis B alone.<sup>20</sup> How do hepatitis D and hepatitis B infections occur together? Hepatitis D and hepatitis B infections can occur together as a co-infection or superinfection. People can only become infected with hepatitis D if they also have hepatitis B. Coinfection A coinfection occurs when you get both hepatitis D and hepatitis B infections at the same time. Co-infections usually cause acute or short-term hepatitis D and B infections. Co-infections can cause severe acute hepatitis. In most cases, people are able to recover from and fight against acute hepatitis D and B infections and the viruses disappear. However, in less than 5 percent of people with a coinfection, both infections become chronic and do not disappear.<sup>21</sup> Superinfection A superinfection occurs if you already have chronic hepatitis B and then become infected with hepatitis D. When you get a superinfection, you have severe acute hepatitis symptoms.<sup>19</sup> Up to 90 percent of people with a superinfection will not be able to fight the hepatitis D virus and develop chronic hepatitis D.<sup>20</sup> Have both chronic hepatitis D and chronic hepatitis B. How common is hepatitis D? Hepatitis D is not common in the United States. Hepatitis D is more common in other parts of the world, including Eastern and Southern Europe, the Mediterranean and the Middle East; Share Asia, including Mongolia; Central Africa; and the Amazon basin in South America.<sup>22,23</sup> Who is more likely to have hepatitis D? Hepatitis D infection only occurs in people who have hepatitis B. People are more likely to D in addition to hepatitis B if they what are the complications of acute hepatitis D? In rare cases, acute hepatitis D can lead to acute liver failure, a condition in which the liver suddenly fails. Although acute liver failure is uncommon, hepatitis D and B infections are more likely to lead to acute liver failure than just hepatitis B infection.<sup>24</sup> What are the complications of chronic hepatitis D? Chronic hepatitis D can lead to cirrhosis, liver failure and liver cancer. People with chronic hepatitis B and D are more likely to develop these complications than people who have chronic hepatitis B alone.<sup>20</sup> Early diagnosis and treatment of chronic hepatitis B and D may lower your chances of developing serious health problems. Cirrhosis is a condition in which the liver slowly breaks down and cannot work normally. Scar tissue replaces healthy liver tissue, partially blocking blood flow through the liver. In the early stages of cirrhosis, the liver continues to work. As cirrhosis gets worse, the liver begins to fail. Liver failure Also called liver disease in the final stage, failure progresses over months or years. With end-stage liver disease, the liver can no longer perform important functions or replace damaged cells. Liver cancer Having chronic hepatitis B and chronic hepatitis D increases your chances of developing liver cancer. Your doctor may suggest blood tests and an ultrasound or another type of imaging test to check for liver cancer. Finding cancer at an early stage improves the chances of curing the cancer. What are the symptoms of hepatitis D? Most people with acute hepatitis D have symptoms, including feeling tired nausea and vomiting bad appetite pain over the liver, in the upper part of the abdomen darker from the color of urine lighting the color of the stool yellowish hue to the white of the eyes and skin, called jaundice In contrast, most people with chronic hepatitis D have few symptoms to develop complications develop, which are several years after they are infected. Some symptoms of cirrhosis include weakness and feeling tired weight loss swelling of the abdominal swelling of the ankles, called edema itchy skin jaundice What causes hepatitis D? The hepatitis D virus causes hepatitis D. The hepatitis D virus spreads through contact with the blood of an infected person or other bodily fluids. Contact can occur by sharing drug needles or other drug materials with an infected person having unprotected sex with an infected person getting an accidental stick with a needle that was used on an infected person The hepatitis D virus rarely spreads from mother to child during birth. You don't get hepatitis D from being coughed up or sneeze on by an infected person drinking water or eating food hugging a person shaking hands or sharing hands with an infected person spoons, forks, and other eating utensils sitting next to an infected person How do doctors diagnose hepatitis D? Diagnosing doctors D based on your medical history, a physical examination and blood tests. If you have hepatitis D, your doctor can perform tests to control your liver. Medical history Your doctor will ask questions about your symptoms and factors that may make you more likely to get hepatitis D. Physical examination During a physical examination, your doctor will check for signs of liver damage, such as changes in skin color swelling in your lower legs, feet or ankles or swelling in your abdomen Which tests do doctors use to diagnose hepatitis D? Doctors use blood tests to diagnose hepatitis D. Your doctor may order tests to check for liver damage, figure out how much liver damage you have, or rule out other causes of liver disease. Blood tests Your doctor may have one or more blood tests performed to diagnose hepatitis D. A health care provider will take a blood sample from you and send the sample to a lab. Your doctor may order one or more blood tests to diagnose hepatitis D. Additional tests If you have chronic hepatitis D and hepatitis B, you have liver damage. Your doctor may recommend tests to find out if you have liver damage or how much liver damage you have—or rule out other causes of liver disease. These tests may include blood tests, elastography, a special ultrasound that measures the stiffness of your liver, a liver biopsy, in which a doctor uses a needle to take a small piece of tissue from your liver. A pathologist will examine the tissue under a microscope to look for signs of damage or disease. Doctors usually use liver biopsy only if other tests do not provide enough information about liver damage or disease. Talk to your doctor about which tests are best for you. How do doctors treat hepatitis D? Doctors can treat chronic hepatitis D with drugs called interferons, such as peginterferon alpha-2a (Pegasys). Researchers are studying new treatments for hepatitis D. In addition, drugs for hepatitis B may be needed. These are usually medicines that are taken by mouth once a day. How do doctors treat the complications of hepatitis D? If chronic hepatitis D leads to cirrhosis, you should see a doctor who specializes in liver disease. Doctors may treat health problems related to cirrhosis with medicines, surgery and other medical procedures. If you have cirrhosis, you have a greater chance of developing liver cancer. Your doctor may order an ultrasound or other type of imaging test to check for liver cancer. If acute hepatitis D leads to acute liver failure, or if chronic hepatitis D leads to liver failure or liver cancer, you need a liver transplant. How can I protect myself from hepatitis D infection? If you don't have hepatitis B, you can prevent hepatitis D infection by measures to prevent hepatitis B infection, such as obtaining the hepatitis B vaccine. If you don't get hepatitis B, you don't get hepatitis D. If you already have hepatitis B, you take steps to prevent hepatitis D infection by not using drug needles or other wearing gloves if you have another person's blood or open sores do not share personal items such as toothbrushes, razors, or nail clippers How can I prevent the spread of hepatitis D to others? If you have hepatitis D, follow the steps above to prevent the spread of the infection. Your sex partners should be given a hepatitis B test and, if they are not infected, get the hepatitis B vaccine. The prevention of hepatitis B will also prevent hepatitis D. You can protect others from getting infected by your doctor, dentist, and other health care professionals telling you that you have hepatitis D. Don't donate blood or blood products, semen, organs, or tissue. Is there a hepatitis D vaccine available? There is currently no vaccine for hepatitis D available. The hepatitis B vaccine can prevent hepatitis D by preventing hepatitis B. Eating, feeding and feeding for hepatitis D If you have hepatitis D, you should eat a balanced, healthy diet. Talk to your doctor about healthy eating. You should also avoid alcohol because it can cause more liver damage. References [19] Farci P, Niro GA. Clinical characteristics of hepatitis D. Seminars in liver disease. 2012;32(3):228u2012236. [20] Ahn J, Gish RG. Hepatitis D virus: a call for screening. Gastroenterology & Hepatology. 2014;10(10):647u2012666. [21] Roy PK. Hepatitis D. Medscape website. Updated March 16, 2017. Opened June 5, 2017. [22] Rizzetto M. Hepatitis D virus: initiation and epidemiology. Cold Spring Harbor Perspectives in Medicine. 2015;5(7):a021576. [23] Hoofnagle JH. Type D (Delta) hepatitis. Journal of the American Medical Association. 1989;261(9):1321–1325. [24] Negro F, Lok ASF. Pathogenesis, epidemiology, natural history and clinical manifestations of hepatitis D virus infection. UpToDate website. Updated July 20, 2016. Opened June 5, 2017. 2017.

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