Hepatitis A infection and occurrence of Insulin dependent diabetes mellitus in a sample of Iraqi children

Abdul-karem Jasem Mohammad FICPS.

<u>Abstract</u>

Background: Hepatitis A is an important endemic disease in Iraq. And Insulin dependent diabetes is one of serious chronic disease that affect children.

Objective: To study the possible relationship between viral hepatitis A infection and occurrence of diabetes mellitus in Iraqi children. **Method:** A case control study was done on hundred newly diagnosed diabetic children, who were compared to hundred control children.Serological test were done to both groups to detect antibodies against Hepatitis A by using ELISA method .This study started on 1st of November 2006 and ended at 20th of December 2008 Both groups were collected from

Introduction

Type 1DM develops as a result of the synergistic effects of genetic, environmental and immunologic factors that ultimately destroy the pancreatic beta cells ^(1, 2). Autoimmune process is thought to be triggered by an infectious or environmental stimulus and to be sustained by a beta cell -specific molecule. A number of viruses have been shown to infect the pancreas and induce acute and chronic pancreatitis ⁽³⁾. The mechanism of pathogenesis of viral infections of the pancreas have been described clearly with the use of animal models of pancreatitis and Coxsackie's virus infections^(4,5). However, acute hemorrhagic pancreatitis complicating mumps infection has been reported.

Adress Correspondence to: Dr. Abdul-karem Jasem Mohammad.

Al-Kadhymia Teaching Hospital and Al-Noor General Hospital.

Result: There was slight increase incidence of diabetes mellitus in females (56%) than males (44%) and there was significant negative correlation between Hepatitis A and diabetes mellitus since 11% of diabetic children had positive serological test while 26% of control children had positive result.

Conclusion:there was no relationship between hepatitis A infection and occurrence of IDDM. **Keywords:** Hepatitis A, diabetes mellitus, children.

IRAQI J MED SCI, 2009; VOL.7 (1):82-85

As the cell that produce insulin are destroyed the patient become permanently diabetic ⁽⁶⁾. In addition to infection by Coxsackie virus and mumps virus infection, other viral agents such as congenital rubella, herpes simplex , varicella, hepatitis and cytomegalovirus have been proposed as being capable to triggering the development of diabetes mellitus type1^(7,8).

hepatitis A is an infectious disease commonly found in many developing countries, Also it is common even in developed countries and they found that, hepatitis A infection occurred in about 40% of urban population in the united states⁽⁹⁾.

Hepatitis A infection usually is asymptomatic in children and only small percentage has clinical hepatitis of varying severity⁽¹⁰⁾.

Viral infection induces interferon α , and through a complex signal transduction pathway which induces the key antiviral enzyme 25-oligoadenylate synthetase

Dept. pediatric, College of medicine .Al-Nahrain University

E-mail: <u>k.albahadle@yahoo.com</u>

Received: 21st January 2009, Accepted:13th April 2009.

that then degrades viral and cellular RNA, inhibiting virus replication and promoting the death of infected cells ⁽¹¹⁾.

As hepatitis A is preventable by vaccination ⁽¹²⁾.So it is important to investigate the effect of this common viral infection on occurrence of insulin dependent diabetes mellitus.

Patients and methods:

A case control study has been applied from 1st Nov.2006 to 20 th of December 2008 which was conducted in AI-Kadhymia Teaching Hospital and AL.Noor general Hospital and involve 100 newly diagnosed I.D.D.M. whose age were bellow 13 years. And one hundred control non diabetic children who were coming to both Hospitals for simple diseases, randomly chosen from both hospitals that were compatible to the diabetic group regarding, age & sex Diabetic and control children were divided into four groups according to age groups. Both groups were submitted to same questions about previous history of jaundice and laboratory investigation to detect antibodies against hepatitis A using ELISA (Bio-kit) to detect specific IgG and IgM antibodies which were done in the same hospitals.

Chi-square test was employed to test differences between proportions. And p value < 0.05 was considered significant. *Results*

The study showed insignificant difference between two groups regarding to age [The youngest child in both groups

Was tow years old and the oldest child was twelve years old] since P value was >0.05 as shown in (Table 1).

Age group	Diabetic		Control		Total	x ² =0.17
	No	%	No	%		df=3 P=0.8
2-4 yr	31	31%	32	32%	63	1-0.0
4-6 yr	34	34%	33	33%	67	
6-8yr	18	18%	19	19%	37	
Above 8yr	17	17%	16	16%	33	
Total	100	100 %	100	100%	200	

 Table 1: Distribution of diabetic and control group according to age group.

Also the study shows slight increase in female percentage (56%) comparing to male (44%) in diabetic group which is

also statistically not significant as shown in (Table 2).

Age group	Diabetic group				Control group				x ² =0.15
	Male		Female		Male		Female		df=3
	No	%	No	%	No	%	No	%	P=0.9
	110	70	110	70	110	70	110	70	
2-4 yr	13	29.6%	18	32.13%	14	31.1%	18	32.74%	
4-6 yr	15	34%	19	34%	14	31.1%	19	34.54%	
6-8 yr	8	18.2%	10	17.8%	9	20%	10	18.18%	
Above 8 yr	8	18.2%	9	16.07%	8	17.8%	8	14.54%	
Total	44	100%	56	100%	45	100%	55	100%	

IRAQI JOURNAL OF MEDICAL SCIENCES

The study show high percentage of negative serological test for Hepatits A (IgG and IgM) in diabetic group comparing to control group and p value was 0.006 which mean that there are no relation ship between Hepatits A infection and occurance of diabetes in children as shown in (Table 3).

0 1 1 1	Diabetic group		Control group		Total		
test For hepatitis A							
(both IgG and IgM)	NO.	%	N o.	%	NO.	%	
Positive							X ² =7.46
IgG	9	9%	24	24%			
IgM	2	2%	2	2%	37	18.5%	Df=1 P=0.006
Negative	89	89%	74	74%	163	81.5%	
TOTAL	100	100%	100	100%	200	100%	

Table 3: Serological test for hepatitis A in diabetic and control group.

Discussion:

The study showed insignificant increase infrequency of the disease in female (56%) than male (44%) which is comparable to result reported in AL-Kuwait (1993) which showed statistically significant female increase incidence rate $^{(13)}$.

Also the study showed significant negative relationship between Hepatitis A and occurrence of insulin dependent diabetes mellitus in children which is the first study done in Iraq to explore the relation ship between one of the common preventable viral disease in childhood and the most important chronic disease in them .we think that

there is no such study in neighboring countries ,except there are two small case series from India on acute pancreatitis complicating acute viral hepatitis A, most of these patient had mild-to- moderate pancreatitis with a relatively benign course and uneventful recovery ⁽¹⁴⁾. and there are studies that identify the relationship between other viruses and insulin dependent diabetes mellitus like ,long -term prospective Finnish studies have strongly suggested that infection with enteroviruses such as coxsackie virus trigger may the process example autoimmune for increased frequency serum of

enterovirus antigens and antibodies toward enterovirus were observed during prediabetic phase in children who subsequently develop diabetes⁽¹⁵⁾.So in conclusion there was no positive correlation in our studied cases between hepatitis A and type 2 IDDM, and this mean that the pancreas is not affected by Hepatitis A infection or it might be mildly affected .

So preventive measures against hepatitis A may not have a beneficial value in prevention of childhood IDDM.

References

1. Alvin C.Power. Diabetes Mellitus .Harrison's Principles of internal Medicine 16th Edition.New-york.2005; 2153-2155.

2. Blom l, Dahlquist, Nystroml, SandstomA. The Swedish Childhood Study-Social and perinatal determinants for diabetes in children. Diabetologia 1998; 42:7-13.

3. Sakorafas GH, Tsiotou AG. Etiology and pathogenesis of acute pancreatits: current concepts j.Clin.Gastroenterology.2000; 30:343-356.

4. Tracy S, Hofling K, Pirruccello S, Lane PH,Gauntt CJ.Group B coxsakievirus myocarditis and pancreatitis :connection between viral virulence phenotypes in mice:J.Med.Virol.2000;62:70-81.

5. Ramsing AI:Coxsackieviruses and pancreatitis.Front.Biosci 1997;2:e53-e62{Medline}.

6. Feldstein JD, Johnson FR, Kallick CA, DoolasA.Acute hemorrhagic pancreatitis and pseudo cyst due to mumps. Ann Surg1997; 180:85-90.

7. Gmble DR,Kinsley ML, Fitzgerald MG, et al:Coxakie antibodies in diabetes mellitus. BMJ 1996; 1:627-30.

8. Woon JW, Austin M, Onodera T et al: Isolation of virus from the pancreas of a child with diabetic ketoacidosis .N Eng J Med 1997; 300:1173-9.

9. Bonnevie-Nielesn V, Martensen PM,Justesen J :The antiviral defense system in human type 1 diabetes-Clin-Immunol-2000;96:11-18.

10. Poovoraean Y, TheamboonlersA, chumdermpadetsukS: Hepatitis A virus.

International Symposium on viral hepatitis and liver disease. Tokyo.1993; 103.

11. Jules L,Dienstag Kurt J,Isselbacher :Acut viral hepatitis. Harrison's principles of interal medicine 16th Edition –New York, USA.Medical publishing division.2005; page 1829.

12. Taha TH, Moussa MA, and Rashid AR: Diabetes mellitus in Al-Kuwait .Incidence in the first 20 years of life .Diabetologia 1993; 25(4):306-308.

13. Mishra A, Saigal S, Gupta R,Sarin SK:Acute pancreatitis associated with viral hepatitis :Areport of six cases with review of literature .Amj Gastroenterol.1999;94:2292-2295.

14. Hyoty H, Hiltunen M, Knip M, Laakknon M, Karjalainen J, Akerblom HK:The childhood diabetes in Finland .study group: Aprospective study of the role of cixsackie B and other enterovirus infections in the pathogenesis of IDDM-Diabetes.1995;44:652-657.

15. Lonnort M, Korpelak, Knip M, Iionen J, Simello, et al: Enterovirus infection as a risk factor for beta-cell autoimmunity in a prospectively observed birth cohort the Finnish Diabetes prediction and prevention study. Diabetes 2000; 49:1314-1318.