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Original Research Article

Hepatitis A: Clinical Spectrum of the Disease in Children Admitted in a Tertiary Care Hospital

Shashi Kant[1], Deepika Singh[2], Kaushalendra Kumar Singh[3]

[1]Senior Resident, Department of Pediatrics, Patna Medical College and Hospital, Patna, Bihar, India
[2]Senior Resident, Department of Pediatrics, Patna Medical College and Hospital, Patna, Bihar, India
[3]Associate Professor, Department of Pediatrics, Patna Medical College and Hospital, Patna, Bihar, India

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Corresponding Author: Kaushalendra Kumar Singh
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Abstract:

Background: In children in impoverished nations, hepatitis A virus (HAV) infection continues to be a major cause of acute viral hepatitis. The clinical appearance ranges from asymptomatic illness to severe disease with consequences, despite the fact that it usually resolves on its own.

Objective: To investigate the laboratory profile, clinical spectrum, and consequences of Hepatitis A infection in children who are admitted to a tertiary care facility.

Methods: Over the course of a year, 100 children between the ages of 1 and 15 who were admitted with serologically proven Hepatitis A were included in this retrospective observational study. Analysis was done on the following: demographics, clinical characteristics, laboratory results, complications, and outcomes. The chi-square test was used for statistical analysis, and a p-value of less than 0.05 was deemed significant.

Results: 40% of the children were between the ages of six and ten. Fever (80%) and jaundice (81%) were the most frequent first symptoms. Abdominal pain (45%) and vomiting (54%) were also common. 10% of cases had complications. Age group and the incidence of complications were shown to be statistically significantly correlated (p=0.03).

Conclusion: Children with hepatitis A frequently exhibit the traditional symptoms of fever and jaundice. A small percentage of cases, especially in older children, develop complications, even though the majority have a benign course. Positive results are guaranteed by early detection and helpful care.

Keywords: Hepatitis A, children, abdominal pain, vomiting, jaundice

Introduction

The Hepatitis A virus (HAV) is the primary cause of hepatitis A, an acute infectious disease of the liver that is mainly spread by the fecal–oral route [1]. High endemicity is a result of overcrowding and inadequate sanitation in poorer nations. Older children and teenagers typically have more obvious clinical signs, whereas younger children may have mild or silent illnesses [2].

Acute icteric hepatitis, mild anicteric sickness, and, in rare cases, fulminant liver failure is all on the clinical spectrum [3]. The age of first infection is shifting due to improved sanitation and shifting epidemiological patterns, which causes older children to exhibit more symptoms of the disease [4]. The purpose of this study is to assess the laboratory results, complications, and clinical profile of Hepatitis A infection in children who are admitted to a tertiary care hospital.

Methods

Study Design: Retrospective observational study.

Study Setting: Patna medical college and hospital.

Study Duration: One year.

Study Population: 100 children aged 1–15 years admitted with confirmed Hepatitis A infection (IgM anti-HAV positive).

Inclusion Criteria

- Age 1–15 years
- Serologically confirmed Hepatitis A infection

Exclusion Criteria

1. Chronic liver disease
2. Co-infection with other hepatitis viruses

Data Collection

Data were collected from hospital medical records including:

- Demographic profile
- Clinical features
- Laboratory parameters

- Complications
- Duration of hospital stay
- Outcome

Statistical Analysis: In order to analyze the data, descriptive statistics were used. The chi-square test was used to evaluate relationships between category variables. P-values less than 0.05 were regarded as statistically significant.

Results

1: Demographic Profile

Variable	Frequency (n=100)	Percentage (%)
1–5 years	30	30%
6–10 years	40	40%
11–15 years	30	30%
Male	52	52%
Female	48	48%

2: Clinical Features

Clinical Feature	Frequency	Percentage (%)
Jaundice	81	81%
Fever	80	80%
Vomiting	54	54%
Abdominal Pain	45	45%
Complications	10	10%

3: Association Between Age Group and Complications

Age Group	Complications Present	Complications Absent	Total	p-value
1–5 years	1	29	30	
6–10 years	3	37	40	
11–15 years	6	24	30	0.03

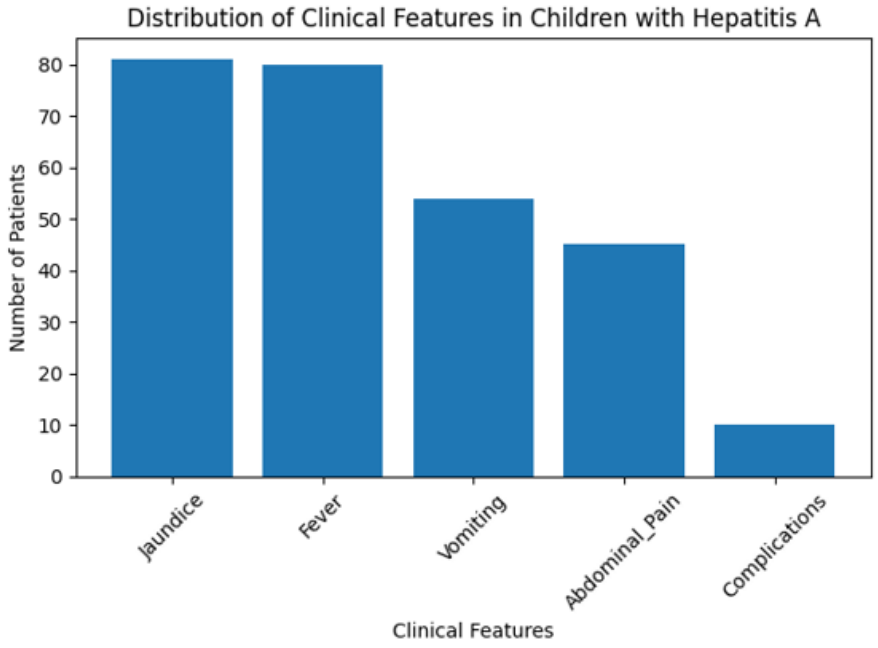

Figure 1: Distribution of Clinical Features in Children with Hepatitis A

Discussion

In this study, 100 hospitalized children's clinical spectrum of Hepatitis A infection was assessed. In line with intermediate endemicity patterns observed in emerging regions, the majority of cases were observed in the 6–10 age range [5]. The most frequent presenting concerns were fever (80%) and jaundice (81%), which is consistent with results from other pediatric research. Abdominal pain (45%) and vomiting (54%) were also frequent gastrointestinal symptoms. 10% percent of patients

experienced complications, and older age was statistically significantly associated with these complications. This confirms the body of research indicating that the severity of the condition rises with age. Nonetheless, there were no reports of mortality or fulminant hepatic failure in this group [1].

Compared to younger age groups, older children (ages 11 to 15) had a statistically significant increased incidence of complications ($p = 0.03$). In spite of this, no deaths were recorded during the research period, and every patient recovered fully. An overall positive clinical result was shown by the mean length of hospital stay, which was 6 ± 2 days.

With only supportive care, the overall prognosis was great. It's possible that early hospitalization and observation helped produce positive results [6]. This study's retrospective design and single-center setting are among its limitations [7].

Conclusion

Acute viral hepatitis in children is still frequently caused by hepatitis A. The illness usually manifests as fever and jaundice. The majority of kids heal without any problems, while older kids are more likely to have issues. Reducing the burden of disease is mostly dependent on preventive measures including better sanitation, health education, and immunization.

References

1. Anshul Bhargawa, Sweekar Panchal JG. Hepatitis A: A clinical spectrum of the disease in children admitted in a tertiary care hospital. NIJP. 209AD;8(4):167–70.
2. Baidya M, Mahmud S, Rashid R, Hasan AR, Shafi S, Muaz A, et al. Clinical profile of hepatitis A virus infection in children in a tertiary care hospital. Int J Contemp Pediatr. 2025;12(4):542–7.
3. Suryavanshi R. Clinical Profile and Outcome in Children with Hepatitis A in a Tertiary Care Centre in Western Maharashtra. J Heart Valve Dis. 2025;30(6):203–5.
4. Chotalia PV, Rohit N, Shah K, Gabani NR, Kachchhi MB. Clinical Spectrum and Outcome of Acute Hepatitis : An Observational Study from a Tertiary Care Hospital. Eur J Cardiovasc Med. 2025;15(12):560–5.
5. Weekey P, Wade S, Deshpande V, Kavade S. Hepatitis A : A Clinical Spectrum of the Disease in Children Admitted in a Tertiary Care Hospital. Int J Curr Pharm Rev Res. 2025;17(7):1696–702.
6. Singh SK, Kumar M. Hepatitis A : A Clinical Spectrum of the Disease in Children Admitted in a Tertiary Care Hospital. Int J Pharm Clin Res. 2023;15(10):1455–61.
7. Mazumder W, Sayeed M, Chowdhury M. Aetiological Spectrum of Acute Hepatitis in Children : Experience of a Tertiary Care Hospital of Bangladesh. Int J Med Res Heal Sci. 2022;11(1):26–31.