Editorial

Elements: In this month’s issue

The authoritative review by Patel and colleagues considers the association between two commonly encountered clinical entities: Hepatitis C viral infection (HCV) and hepatic steatosis. HCV is a major cause of worldwide chronic hepatitis with consequent morbidities. Steatosis is also relatively common and has been the subject of previous review articles in this journal. The association between HCV and steatosis has been long acknowledged and is unlikely to represent a chance association. However the precise causation of steatosis following HCV infection is still the subject of conjecture. Several mechanisms have been proposed. Steatosis may exist in the presence of metabolic factors including syndrome X. The review considers the potential role of insulin resistance and oxidative stress in the pathogenesis of hepatic steatosis. The concept of “viral steatosis” is also discussed whereby the development of steatosis is somehow caused by cytopathic injury. In particular, it is now thought that the HC virus exploits some aspects of lipid metabolism for its own survival. Hepatic lipid producing processes are diverted to reproduce and circulate around the HCV body. This effect, if true, could well explain the association between hepatic steatosis and chronic HCV infection. This discussion is of more than academic interest as an enhanced understating of the development of steatosis following HCV infection is needed for more effective therapeutic intervention. Unsurprisingly, the use of anti-viral agents may result in some reduction in hepatic steatosis. However improved understanding of viral replication and pathogenesis of hepatic steatosis in HCV has resulted in novel therapeutic approaches that include the use of fish oils, statins and glitazones. Weight loss over a period of 3 months may also result in more favourable outcomes. These latter interventions while relatively simple in concept require further evaluation.

There are two papers from different parts of the world that describe their particular experience of dealing with the novel Influenza A H1N1 infection. Koegelenberg from the University of Stellenbosch describes the impact of the H1N1 epidemic in South Africa amongst a population with a relatively high prevalence of respiratory disease and HIV infection. In the winter of 2009, 19 patients in Cape Town required mechanical ventilation and intensive therapy as a result of H1N1 infection complicated by respiratory failure. The majority were female and had pre-existing debilitating conditions; mortality was high. A different experience of H1N1 infection is described from Shanghai where 224 cases were identified and treated by public health services. The majority of confirmed cases were characterized by fever, cough elevated CRP. The clinical course was overall mild with a short disease length and good prognosis.

Craig and colleagues from Edinburgh undertook a prospective study of 276 inpatients who were commenced on intravenous proton pump inhibitors (PPI) over a 6-month period. PPI use was considered to be appropriate in several circumstances that included endoscopic evidence of recent upper gastrointestinal haemorrhage, those with a valid indication for oral PPI therapy and stress ulcer prophylaxis in a critical care setting. Using these criteria, 75% of IV PPI prescriptions were deemed inappropriate in terms of either indication for use, dose, or duration of therapy. Inappropriate PPI prescribing was more common amongst female patients, surgical admissions and when initiated by junior hospital doctors. The authors recommend improved PPI prescribing by means of education and other initiatives to increase awareness of good practice. Inappropriate prescribing of any drug represents a challenge from two perspectives. First patient safety may be impaired because of adverse effects and secondly, there are cost implications to be considered.

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