

## n in Nairobi, Kenya

De Cock, K M; Awadh, S; RaJa, R S; Jupp ., R.; Wankya, B M; Lucas, S B

### **Abstract:**

Previous reports have suggested that idiopathic portal hypertension, a condition quite distinct from tropical splenomegaly syndrome, occurs in Kenya. In the present study patients with oesophageal varices were allocated to diagnostic groups on the basis of liver histology and results of splenoportovenography, and these groups were then compared for prevalence of hepatitis B markers, immunoglobulin levels and results of enzyme-linked immunosorbant assay (ELISA) for *S. mansoni* infection. 85 patients with oesophageal varices were studied. 29.4% had histological evidence of *Schistosoma mansoni* infection, 20% had cirrhosis and in 25.9% liver histology was non-diagnostic and the portal vein was radiologically shown to be patent. A comparison of clinical findings, serological data and parasitological investigations suggested that this latter group was a distinct one, and did not result from failure of histological diagnosis of cirrhosis or schistosomiasis. It is likely that these patients had idiopathic portal hypertension. In 82 normal controls, the carrier rate of hepatitis B surface antigen (HBsAg) was 12.2%, 59.8% had antibody to HBsAg (anti-HBs) and 7.3% showed antibody to core antigen (anti-HBc) as the only viral marker. 58.3% of the cirrhotics and 26.7% of patients with probable idiopathic portal hypertension were HbsAg positive. The implications of these results, and limited data on hepatitis B antigen and antibody are discussed.