

Hepatitis B Virus, Hepatocellular Carcinoma And Liver Cirrhosis In Kenya. East Afr Med J. 1993 Apr;70(4 Suppl):34-6.

Mwangi, Jane; Gatei, David

Abstract:

Hepatocellular carcinoma is the third most common malignancy in Kenyan males occurring with a peak incidence at 40 years of age. A worldwide correlation has been noted between the incidence of hepatocellular carcinoma and prevalence of hepatitis B virus. Liver biopsies with histological diagnosis of hepatocellular carcinoma (HCC), cirrhosis and the normals were reviewed by the authors. They were then stained for hepatitis B surface antigen (HBsAg) and hepatitis e core antigen (HBcAg). Only 2.5% of normal livers were positive for HBsAg compared with 33% of HCC and 25% of cirrhosis respectively. Hepatitis core antigen was not demonstrated in normal liver biopsies but it was present in 11.5% of HCC and 14% of cirrhosis. Background cirrhosis was noted in 52% of biopsies showing HCC. It is clear that a causal association exists between hepatitis B virus (HBV) and both liver cirrhosis and hepatocellular carcinoma. Higher antigen markers, up to 80% have been reported in South East Asia and India. This difference may be due to the type of biopsy examined (needle biopsy vs open biopsy) but the possibility that other factors such as aflatoxin and non A/non B hepatitis viruses play a more significant role in the causation of liver disease in Kenya than has previously been assumed should be explored