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Cytomegalovirus & Biliary Atresia and Response to Ganciclovir

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Abstract: Infection with cytomegalovirus (CMV), group C rotavirus and reovirus type 3 have been implicated as causes of biliary atresia. Neonatal hepatitis and biliary atresia have been reported as isolated clinical manifestations of congenital CMV. Patients with neonatal hepatitis and CMV have been treated with IV ganciclovir and its oral prodrug with variable outcomes. However, effect of ganciclovir in patients with biliary atresia and associated CMV has been reported only in 2 patients so far of which one showed improvement and the other did not. Similarly we treated 2 patients with biliary atresia who underwent Kasai surgery at 3 months and 2 months respectively but continued to pass clay coloured stools post-operatively. They both had bile duct size of 150 microns suggesting poor prognosis. Both had active CMV infection post-operatively. Thus intravenous ganciclovir was tried in these patients. The first child received IV ganciclovir at 6 months of age by which time liver damage would have occurred and as expected the child did not respond to the same. The second child responded to IV ganciclovir and started passing yellow stools however has developed chronic liver disease and portal hypertension. Thus ganciclovir may have a variable outcome in patients with biliary atresia and CMV and early treatment may have better results.