

Figure 18-14 Diagrammatic representation of the morphologic features of acute and chronic hepatitis. Notice that there is very little portal mononuclear infiltration in acute hepatitis (or sometimes none at all), while in chronic hepatitis the portal infiltrates are dense and prominent—the defining change of chronic hepatitis. Bridging necrosis and fibrosis is shown only for chronic hepatitis, but bridging necrosis may also occur in more severe acute hepatitis. Ductular reactions in chronic hepatitis are minimal in early stages of scarring, but become extensive in late stage disease.

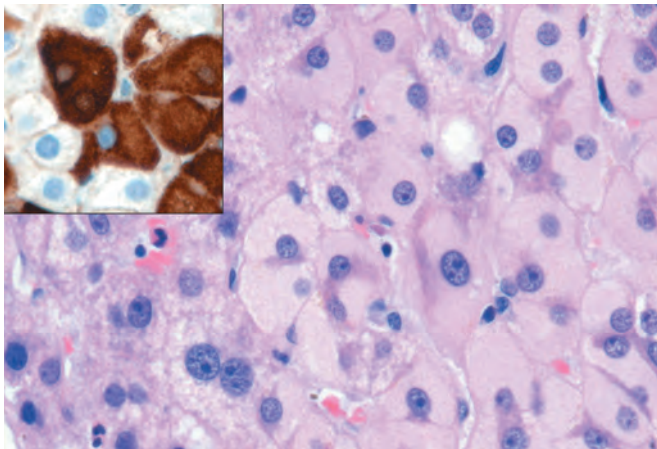


Figure 18-15 Ground-glass hepatocytes in chronic hepatitis B infection caused by accumulation of hepatitis B surface antigen. Note the large pale, finely granular pink cytoplasmic inclusions on hematoxylin and eosin staining; immunostaining (inset) confirms the presence of surface antigen (brown).

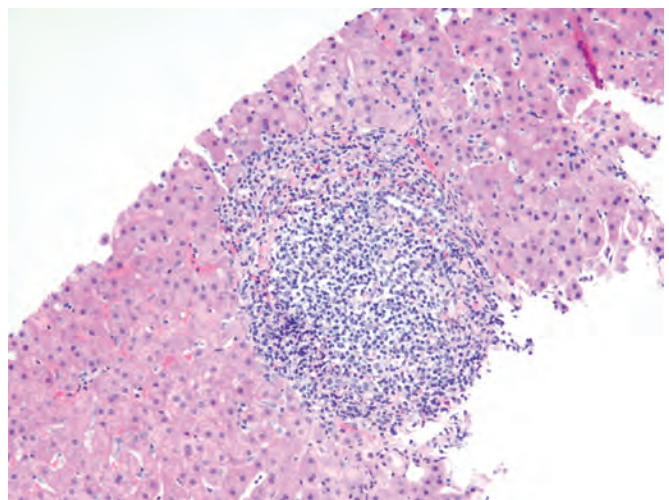


Figure 18-16 Chronic viral hepatitis due to HCV showing characteristic portal tract expansion by a lymphoid follicle.

a superimposed non-alcoholic fatty liver disease in the liver (see later). Bile duct injury is also prominent in some individuals with hepatitis C infection, potentially mimicking primary biliary cirrhosis (see later); clinical parameters distinguish these two diseases easily, however.

KEY CONCEPTS

Viral Hepatitis

- In the alphabet of hepatotropic viruses, some easy mnemonic devices may be useful: