At the end of the fourth week of illness (five weeks after shellfish ingestion) there was a sharp rise in his serum transaminase activity with a decrease of prothrombin activity (<70% of normal). The patient was symptom free and anicteric. If the case were non-A hepatitis was diagnosed by exclusion. The hepatitis ran an uneven course with liver function values returning to normal and remaining so over 12 months after the onset of the disease.

Comment

Typhoid fever occurs sporadically in Italy, and shellfish ingestion is often responsible. Occasionally it is associated with acute hepatitis A, which is primarily transmitted by the faecal-oral route. Although faecal-oral non-A non-B hepatitis has been suggested to occur in some patients with biphasic hepatitis A, we are not aware of reports of non-A non-B hepatitis in patients with other stool borne transmitted diseases.

The observation of two cases of non-A non-B hepatitis after typhoid fever is intriguing. Although there is no direct evidence that the source of Salmonella typhi and non-A non-B virus was the same, the absence in these patients of a history of blood transfusion or admission to hospital within the preceding six months or a history of drug addiction or any other possible parental exposure suggests that food contaminated with human excreta might have been the source. In Western countries non-A non-B hepatitis occurs as sporadic cases and such contaminated food could be the source in some of these. This may be a rare event. On the other hand, given the frequent asymptomatic course of the disease, such a source may not be that uncommon since it may not be looked for in a patient with a normal convalescence.

Infectious Diseases Clinic, University of Milan, L Sacco Hospital, 20157 Milan, Italy

F Caredda, MD, clinical research assistant
S Antinori, MD, resident
TRE, MD, resident
C Pastecchia, MD, resident
M Moroni, MD, director

Correspondence to: Dr Caredda.