



CASE REPORT

A CASE REPORT ON HEPATITIS - A WITH LEPTOSPIROSIS CO INFECTION

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Abstract

Leptospirosis is a potentially fatal infection that requires a high index of suspicion for timely diagnosis and treatment, common in sadan states. Diagnosis of leptospirosis can be particularly difficult in the context of coexistent viral hepatitis. Assessment of epidemiologic risk factors and serial serology testing were key in making this diagnosis. The immunologic consequence of the coexistence of these superinfections is discussed. It is likely that hepatitis A infection predisposed our patient's leptospirosis infection to progress. We present a case in which a concurrent resolving Hepatitis A virus infection was concomitantly diagnosed.

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Introduction:-

Case Discussion:-

A 21yr male presented with high grade fever and yellowish discolouration of eyes for 2 days associated with abdominal pain, which was more in epigastric and right hypochondrium. He also had non bilious vomiting 4-5 episode with H/O passing high coloured urine. There was no history of diarrhoea, hematuria, arthralgia. No H/O native medication, no comorbidities. He consumes alcohol occasionally past 2 years. On clinical examination patient had icterus with abnormal CBC and renal parameter, however his LFT showed a total bilirubin - 4.8 (D.B - 4.1, I.B - 0.7) with elevated enzyme of SGOT 2755 and SGPT 3584.

ALP-169 & GGT-291. All culture reports were negative and HAV IgM (ELISA) positive (5.05 S/Co). His tropical fever work up showed Leptospira IgM (ELISA) positive. Patient was treated with Inj. Ceftriaxone 1gm IV twice daily and he was explained about personal hygiene measures which has to be followed as he was HAV positive. After a week of treatment, his Liver enzymes dropped to SGOT-149 and SGPT-826. Test for Leptospira repeated after 2 weeks Leptospira IgG (ELISA) positive and IgM (ELISA) positive.

Conclusion:-

The association between infection with hepatitis A and leptospirosis has not been reported frequently in medical literature, despite the high prevalence of these diseases in tropical regions with poor sanitary conditions. Even after co-infection rare presentation we should consider testing and workup for Hepatitis co infection with leptospirosis.