

## Comment on “Changes in acute viral hepatitis epidemiology in the Turkish adult population: A multicenter study”

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Dear Editor,

In a very interesting multicenter study conducted in Turkey, Karacaer et al. (1) reported on changes in acute viral hepatitis epidemiology in the adult population. The most commonly found microorganisms were hepatitis B virus (55.2%) and hepatitis A virus (HAV) (37.6%), and types of acute viral hepatitis significantly differed according to the age group. Out of 852 patients, majority patients were males, the median age was 31 (range, 17-89) years, and most patients were in the 21-40-year age group. In this group, HAV was more prevalent than among older patients. Potential transmission routes were as follows: consumption of suspicious food (9.3%), contact with contaminated blood and body fluids (6.3%), daily contact with an individual with chronic hepatitis (3.2%), daily contact with an individual with acute viral hepatitis (2.6%), travel history (1.2%), penetrating/perforating injuries (0.8%), suspicious sexual intercourse (0.1%), and recent surgery (0.1%) (1). We would like to highlight the minimal role of suspicious sexual contact in these data in contrast with those in other countries. At a time when the etiology of liver disease is changing in an impressive manner, with a disappearing role of viruses, we are witnessing the comeback of epidemic flares of HAV hepatitis (2). In particular, this has been mainly reported in a population of young male patients having sex with males (MSM). Similar to other European Countries, in Brescia (Northern Italy), an outbreak of hepatitis A was reported from July 2016 to July 2017. Forty-two confirmed cases were recorded: 25 (60%) were MSM and reported sexual contact at risk of sexual transmitted diseases. Compared with 2015 and the first half of 2016, when only three cases of hepatitis A were recorded, in the 12 months in question, the number of cases increased 14-fold (3). Fur-

thermore, the same authors hypothesized that the bisexual attitude of some MSM could explain the increasing number of HAV infected heterosexual woman observed during this outbreak without a clear foodborne exposure (3). Even if it is usually a self-limiting disease and clinical improvement is observed in few weeks, acute hepatitis A could be more serious in some categories of patients, such as the co-infected ones (4). In conclusion, the role of sexual transmission of HAV among MSM and perhaps among bisexuals should be considered with great attention in cases of acute hepatitis.

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