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## Hepatitis C: What You Should Know

### Part 2: Symptoms And Diagnosis

As discussed in Part One of this series, the hepatitis C virus (HCV) is one of the top causes of chronic liver disease in the U.S., and it is one of the most common reasons for liver transplants. Of all the viral forms of hepatitis, HCV is considered by many in the medical community to be the most dangerous. Furthermore, there is no vaccination for it, and drug treatments are not always effective.

One of the reasons HCV is considered dangerous is because, in over half of those infected with the virus, there are no symptoms. Some people may be infected for 10 or even 20 years before learning they have the disease. A routine physical examination with blood testing may reveal elevated liver enzymes, which may prompt the physician to conduct further testing for the presence of HCV antibodies. A person may also learn he is infected with HCV after donating blood, since donated blood is now routinely screened for HCV.

In the acute form of HCV (recent infection), a person may have mild symptoms within the first six months after infection, such as loss of appetite, fatigue, nausea, and abdominal tenderness (especially in the upper right part of the abdomen where the liver is located). Diarrhea, fever, dark urine, light-colored stools, or yellowing of the skin or eyes (jaundice) can also occur. Other symptoms include headaches, memory loss, dizziness, and anxiety. In about 25% of these cases, a person may recover completely without treatment. The remainder may go on to develop chronic (long-term) HCV.

One of the problems in diagnosing HCV is that symptoms

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may not appear right away; in fact, the virus may remain dormant for years before symptoms or evidence of liver damage become apparent. In many cases, no symptoms are present until after liver damage has occurred. And unless jaundice is present, none of the above symptoms alone (if they occur at all) indicate HCV since they may occur for any number of reasons. Even if a blood test shows slightly elevated liver enzymes (which may indicate other liver diseases as well as HCV), a doctor may not test for the presence of HCV antibodies unless he or she is alert to the possibility of HCV or is aware of risk factors that the patient may have (see [Part One](#) for risks). Causing further difficulties in diagnosing HCV is the fact that liver enzyme levels may go up and down and at times be completely normal even when chronic HCV is present.

Diagnosis may also be problematic when a person's immune system is not functioning adequately (immunosuppressed). This includes HIV infected persons, organ transplant recipients, dialysis patients, and others who are not able to produce antibodies to HCV which are revealed in ordinary testing. Other conditions such as alcoholism or [hemochromatosis](#) can cause liver problems that resemble those of HCV, or they can create false-positive HCV test results. Additional testing must then be conducted to confirm the exact cause when symptoms of liver damage are present.

If testing confirms the presence of HCV infection, a liver biopsy may be conducted. This procedure involves removing a tiny sample of liver tissue with a slender needle. The tissue is then examined to determine the degree, if any, of liver damage and to help the doctor determine what course of treatment to take.

According to the National Institute of Diabetes and Digestive and Kidney Diseases (U.S.), about 20% of chronic HCV patients develop cirrhosis (scarring) of the liver, but this may take anywhere from 10 to 20 years. After about 20-40 years, liver cancer may develop.

After liver damage begins, symptoms may become more readily apparent. These include fluid retention, abdominal swelling, enlarged liver, and weakness. Other complications that may occur but which do not directly involve the liver include [cryoglobulinemia](#), a blood disorder that causes skin rashes, sensitivity to cold, and other problems such as kidney disease and joint or muscle aches.

Another common complication of chronic HCV is [Porphyria Cutanea Tarda](#) (PCT), a skin disorder marked by fragile skin, sun sensitivity, blisters, boils, thickening of the skin, and cuts or scrapes that do not heal easily and become easily infected. In some cases it is the onset of PCT that is the first indication of chronic HCV infection.

Other diseases that may be related to chronic HCV include [fibromyalgia](#), certain forms of arthritis, and non-Hodgkin's

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type B-cell lymphomas (a type of cancer).

HCV is a serious illness that affects about 4 million Americans in its chronic form. A relatively small number of patients recover without treatment. But for most people infected with HCV, decisions must be made with their doctors about the best route to take. If liver damage is minimal, a "watchful waiting" approach may be the best course of action along with a careful dietary plan and avoidance of alcohol. In other cases, drug therapy may be recommended.

**[Coming Soon: Part Three: Treatments and Research](#)**

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