



A 38 year old woman with chronic hepatitis C presented with increasing abdominal fullness and a new rash. What is the most likely diagnosis?

Mixed Cryoglobulinemia



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A 38-YEAR-OLD WOMAN PRESENTED WITH INCREASING ABDOMINAL FULLNESS AND A NEW RASH ON THE lower extremities. She had a history of chronic hepatitis C infection, for which she had been treated with interferon alfa several years earlier. She had a remote history of alcohol and intravenous drug use. On physical examination, ascites, caput medusae, spider hemangiomas, and palpable lesions on the legs and feet were noted. Laboratory evaluation revealed an albumin level of 1.0 gm per deciliter, an international normalized ratio of 2.3, the presence of cryoglobulins, a positive result on testing for hepatitis C antibody, and a negative result for antibodies to hepatitis B virus and the human immunodeficiency virus. The patient was admitted, and during hospitalization, acute renal failure and pancytopenia developed. She underwent plasmapheresis, with improvement of her rash and of renal and bone marrow function.

Hepatitis C is the most important cause of mixed cryoglobulinemia. This extrahepatic manifestation of hepatitis C infection is typically responsive to antiviral therapy.

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