

This Week's Citation Classic

De Groote J, Desmet V J, Gedigk P, Korb G, Popper H, Poulsen H, Scheuer P J, Schmid M, Thaler H, Uehlinger E & Wepler W. A classification of chronic hepatitis. *Lancet* 2:626-8, 1968.

Since 'chronic hepatitis' covers various conditions of differing clinical significance and pathologic appearance, chronic persistent hepatitis was histologically distinguished from chronic aggressive hepatitis and subdivided into moderate (A) and severe (B) varieties. [The SCJ® indicates that this paper has been cited over 330 times since 1968.]

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January 30, 1980

"Until the 1960s, 'chronic hepatitis' was an ill-defined term and the emphasis was on cirrhosis as chronic liver disease. Several factors increased interest in chronic hepatitis. The wide use of liver biopsy, facilitated by the new Menghini needle, revealed histologic features which could not be easily classified and correlated with clinical manifestations. Moreover, the spreading determinations of the transaminases detected milder chronic liver disease, associated often with clinical symptoms previously not related to the liver. The confusion in terminology and interpretation was even more disturbing if immunosuppressive therapy with its adverse side effects was to be instituted.

"To meet this challenge, a group consisting mostly of pathologists, but also some clinicians, constituted itself at a meeting of the European Association for the Study of the Liver in 1967. This group is often designated as the 'Gnomes of Zurich' because of the site of its first organized meeting. The small, loosely organized and, in a way, self-annointed fraternity has held yearly meetings ever since, in different cities, to discuss histologic slides circulated

before and reviewed together. The group has only slightly been enlarged and the yearly meetings have created a bond of understanding and friendship. Besides problems of chronic hepatitis, others were discussed, and, when a consensus was reached, a statement was published.¹

"The original distinction of chronic persistent from chronic aggressive hepatitis turned out to be the first step in a prognostic separation of forms of chronic hepatitis. Since chronic persistent hepatitis implied a nonprogressive disease, in contrast to the aggressive variety, only the latter appeared to be a candidate for immunosuppressive therapy. This nomenclature spread unexpectedly through the international medical community. Soon, several flaws in this simplistic terminology appeared and stimulated the search for better information.

"The original group published two modifying statements.^{2,3} Since chronic hepatitis was subsequently defined as an hepatic disorder lasting longer than six months and, thus, encompassing prolonged manifestations of acute viral hepatitis, a third group, chronic lobular hepatitis, was introduced. Moreover, the histologic criteria for potential progression to cirrhosis were better defined and emphasis was placed on the etiology, when serum and tissue markers became available for forms of hepatitis. However, improvement of histologic identification correlated with the evolution of the disease is still required.

"The frequent citation of the original, now 12-year-old statement appears explained by the seminal value of a group consensus in introducing a first step in a therapeutic differential diagnosis. It indeed provided a stimulus (1) to establish the natural history of the various types of chronic hepatitis, (2) to study their pathogenesis, and (3) to confirm therapeutic indications in clinical trials, in part underway and in part accomplished."

1. Binchi L, De Groote J, Desmet V J, Gedigk P, Korb G, Popper H, Poulsen H, Scheuer P J, Schmid M, Thaler H & Wepler W. Guidelines for diagnosis of therapeutic drug-induced liver injury in liver biopsies. *Lancet* 1:854-7. 1974.
2. Morphological criteria in viral hepatitis. *Lancet* 1:333-7. 1971.
3. Acute and chronic hepatitis revisited. *Lancet* 2:914-9. 1977.