# Two uncommon side effects of interferon treatment for chronic viral hepatitis are dry cough and optic neuritis.

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# Introduction

A chronic cough can have a substantial negative influence on a person's daily life and general well-being. It is more than just a nuisance. Contrary to the short-lived acute cough brought on by a cold or respiratory illness, chronic cough can last for a long time, resulting in discomfort, exhaustion, and even social shame. Chronic cough is a sign of an underlying medical condition rather than a separate illness. There are many different illnesses that might cause it, including respiratory, gastrointestinal, and even neurological issues. As a result, treating the persistent cough's underlying causes is essential for both symptom relief and achieving the best possible longterm health [1].

The use of interferon therapy has been an effective tool in the war against chronic viral hepatitis, especially hepatitis B and C. Numerous people have benefited from these antiviral drugs by reducing liver damage and limiting virus multiplication. Interferon therapy does have some potential adverse effects, though, just like any medical procedure. There are less commonly reported, but nonetheless substantial, adverse effects that can occur, despite the fact that many patients may be familiar with common side effects like weariness, flu-like symptoms, and mood disturbances [2].

A dry cough is a less common but noticeable adverse consequence of interferon therapy, while weariness and flu-like symptoms are often reported side effects. A cough brought on by interferon might cause anything from minor pain to major discomfort. It often starts soon after treatment begins and may continue all the way through therapy. Although the precise cause of interferon-induced cough is unknown, it is thought to be caused by respiratory tract inflammation. Because of the immunomodulatory properties of interferon, the production of proinflammatory cytokines may rise, irritating the airways and resulting in coughing [3].

Optic neuritis is a rare but possibly dangerous interferon adverse effect. It involves inflammation of the optic nerve, which can cause visual problems such as impaired vision, changes in color perception, and in severe cases, vision loss. Although the exact etiology of interferon-induced optic neuritis is unknown, it is believed to be connected to the drug's immunomodulatory actions, which can provoke an inflammatory reaction that results in inflammation of the optic nerve [4]. To identify optic neuritis early when receiving interferon therapy, routine eye exams are crucial. Any discomfort or changes in vision should be reported right away to a healthcare professional. To avoid future vision loss in optic neuritis patients, interferon therapy may need to be stopped. A healthcare professional will weigh the advantages and disadvantages of continuing treatment. Corticosteroids may be given in specific circumstances to lessen inflammation and treat symptoms. This course of treatment needs to be carried out under medical guidance [5].

# Conclusion

The use of interferon therapy has been crucial in the treatment of chronic viral hepatitis, greatly enhancing the quality of life for many patients. While there is ample information on typical side effects including weariness and flu-like symptoms, it's important to be aware of less common but potentially dangerous side effects like dry cough and optic neuritis. Early detection of these unusual side effects and open communication with healthcare professionals are crucial for managing them and achieving the best outcome for patients receiving interferon therapy. To balance the advantages and dangers of treatment, patients should work closely with their healthcare teams to monitor and resolve any negative effects.

# References

- Callejas-Rubio JL, López-Pérez L, Ortego-Centeno N. Tumor necrosis factor-alpha inhibitor treatment for sarcoidosis. Ther Clin Risk Manag. 2008;4(6):1305-13.
- 2. Kassan SS, Moutsopoulos HM. Clinical manifestations and early diagnosis of Sjogren syndrome. Arch Intern Med. 2004;164(12):1275-84.
- 3. Hino K, Yasuda K. Current state of interferon therapy for chronic hepatitis C. Intervir. 1994;37(2):87-100.
- 4. Raanani P, Ben-Bassat I. Immune-mediated complications during interferon therapy in hematological patients. Acta Haematol. 2002;107(3):133-44.
- 5. Yener AU. COVID-19 and the eye: Ocular manifestations, treatment and protection measures. Ocul Immunol Inflamm. 2021;29(6):1225-33.

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**Citation:** Thoman E. Two uncommon side effects of interferon treatment for chronic viral hepatitis are dry cough and optic neuritis. J Pulmonol Clin Res. 2023;6(5):163