Objectives: Measles virus is a hepatotropic virus which disseminates to the liver during viraemia, but there is little information about consequences of liver involvement. In France, we recently faced a national epidemic outbreak in adult population, due to inadequate vaccine coverage since the eighties. We report the prevalence and severity of liver involvement in a cohort of 80 adult patients with measles. Methods: The clinical and laboratory characteristics of all the adult patients with biologically confirmed measles who had consulted in one of four tertiary care hospitals from the western Paris area, from January 2010 to May 2011 were retrospectively collected. All cases were confirmed by serology or by Polymerase Chain Reaction on naso pharyngeal aspirations by the national reference center. Clinical and biological data were collected from medical charts and analysis was performed using SPSS (Statistical Package for Social Sciences Version 19, IBM SPSS Inc., Chicago IL, US) Results: Median age was of 30.1±10.1 and sex ratio 0.77. Only, two patients were considered as immunodeficient and one patient was pregnant. Sixteen patients (20%) only consulted in the emergency room while the remaining 74 patients were hospitalized either in medical units (73.75%) or in intensive care unit (6.25%). Previous to their admission, patients had received the following treatments: paracetamol (n=34), non steroidal anti inflammatory drugs (n=19) and corticosteroids (n=11). Upon admission, 3 patients presented circulatory failure and 17 patients had respiratory failure, 3 patients requiring respiratory assistance. Liver enzymes were elevated in 68 (85%) patients upon admission. Among them, liver enzymes elevation was over five times above the normal upper limit in 14 patients and over ten times above the normal upper limit in 6 patients. No clinical or biological liver failures were reported. Among the five patients admitted in intensive care unit for respiratory failure, none had severe hepatitis. Conclusion: Hepatitis and its severity were not statistically linked to severe presentation (p=0.534) nor to bacterial infection (p=0.536). Outcome was always favourable