Autoimmune Hepatitis

Introduction

- **Autoimmune hepatitis was previously called *autoimmune chronic active hepatitis* because the diagnosis required 3 to 6 months of abnormal liver enzyme test results.**

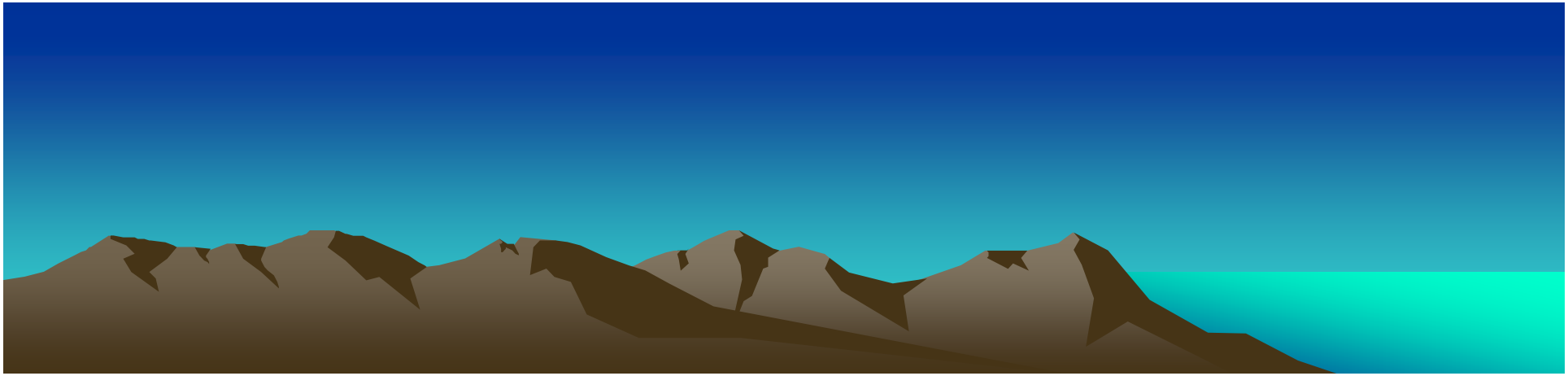
- However, 40% of patients with autoimmune hepatitis present with acute hepatitis.
- Autoimmune hepatitis can affect patients of any age, predominantly females.
- The onset is usually insidious, and an initial liver biopsy specimen may show cirrhosis.

Diagnosis

- Aminotransferase levels are generally 4 to 20 times normal, and most patients have an increased level of gamma globulin.
- Should not have a history of drug-related hepatitis, HBV, HCV, or Wilson disease.
- Immuno-serologic markers, such as antinuclear antibody (ANA), smooth muscle antibody, soluble liver antigen antibodies, or antibodies to liver-kidney microsomal (LKM) antigens, are usually detected.

Treatment

No. of weeks administered	Combination therapy		Prednisone therapy, mg daily
	Prednisone, mg daily	Azathioprine, mg daily	
1	30	50	60
1	20	50	40
2	15	50	30
Maintenance until end point	10	50	20



Alcoholic Hepatitis

- **Long-term, excessive use of alcohol (>20 g/d in women and >40 g/d in men) can produce advanced liver disease.**
- **Alcoholic hepatitis is characterized histologically by fatty change, degeneration and necrosis of hepatocytes (with or without Mallory bodies), and an inflammatory infiltrate of neutrophils.**
- **Almost all patients have fibrosis, and they may have cirrhosis.**

Presentation

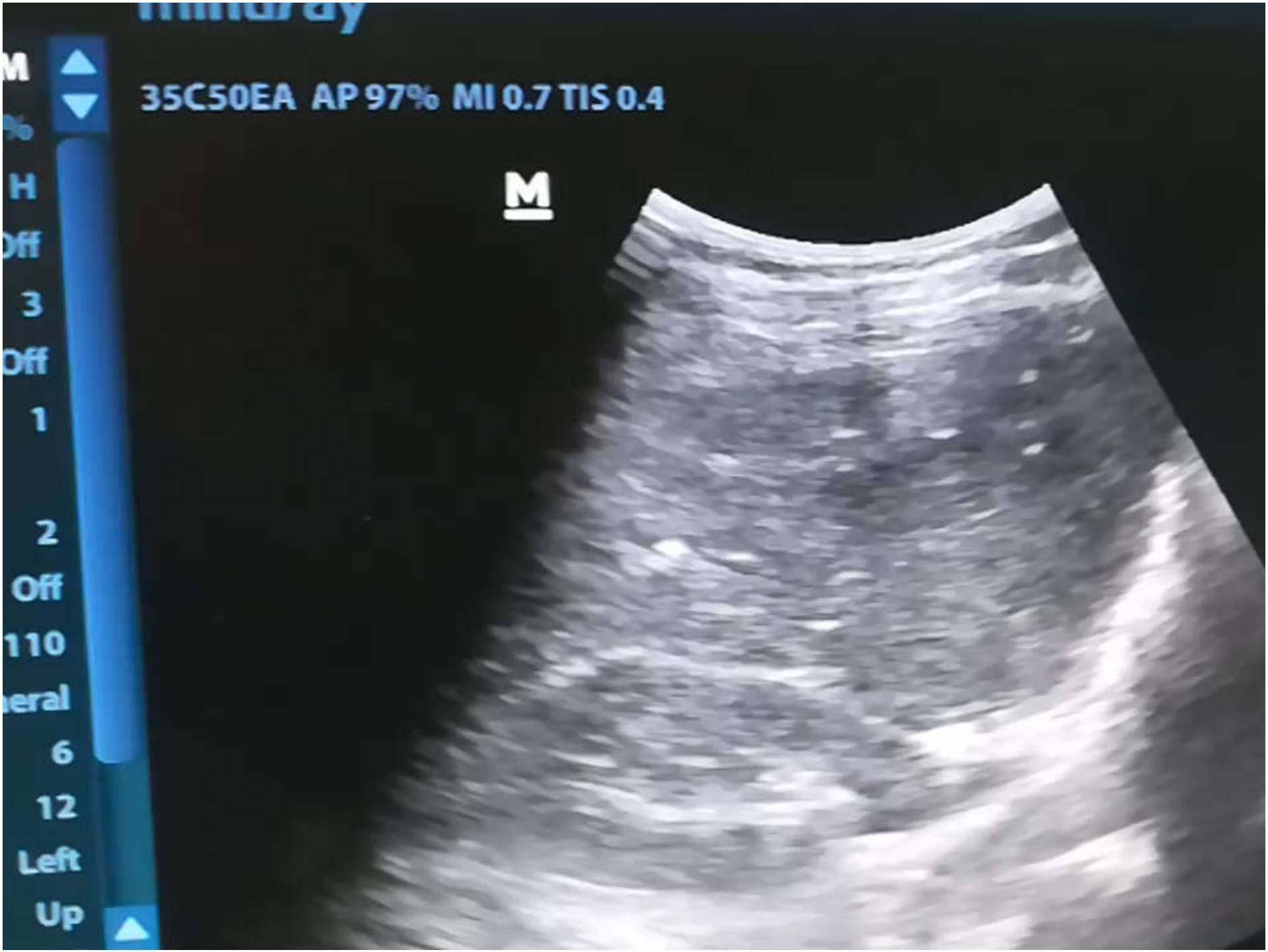
- Clinically, patients may be asymptomatic or icteric and critically ill.
- Common symptoms include anorexia, nausea, vomiting, abdominal pain, and weight loss.
- The most common sign is hepatomegaly, which may be accompanied by ascites, jaundice, fever, splenomegaly, and encephalopathy.

Laboratory

- The level of AST is increased in 80% to 90% of patients, but it is almost always less than 400 U/L.
- Aminotransferase levels greater than 400 U/L are not a feature of alcoholic liver disease, and a search for other causes (eg, ingestion of acetaminophen) should be pursued.
- The AST:ALT ratio is frequently greater than 2.
- Leukocytosis is commonly present, particularly in severely ill patients.

Prognosis and Treatment

- **Poor prognostic markers of alcoholic hepatitis include encephalopathy, spider angiomata, ascites, renal failure, prolonged PT, and a bilirubin concentration greater than 20 mg/dL.**
- **Many patients have disease progression, particularly if alcohol intake is not stopped.**
- **Corticosteroid therapy may be beneficial as an acute treatment of alcoholic hepatitis in patients with severe disease characterized by encephalopathy and a markedly prolonged PT.**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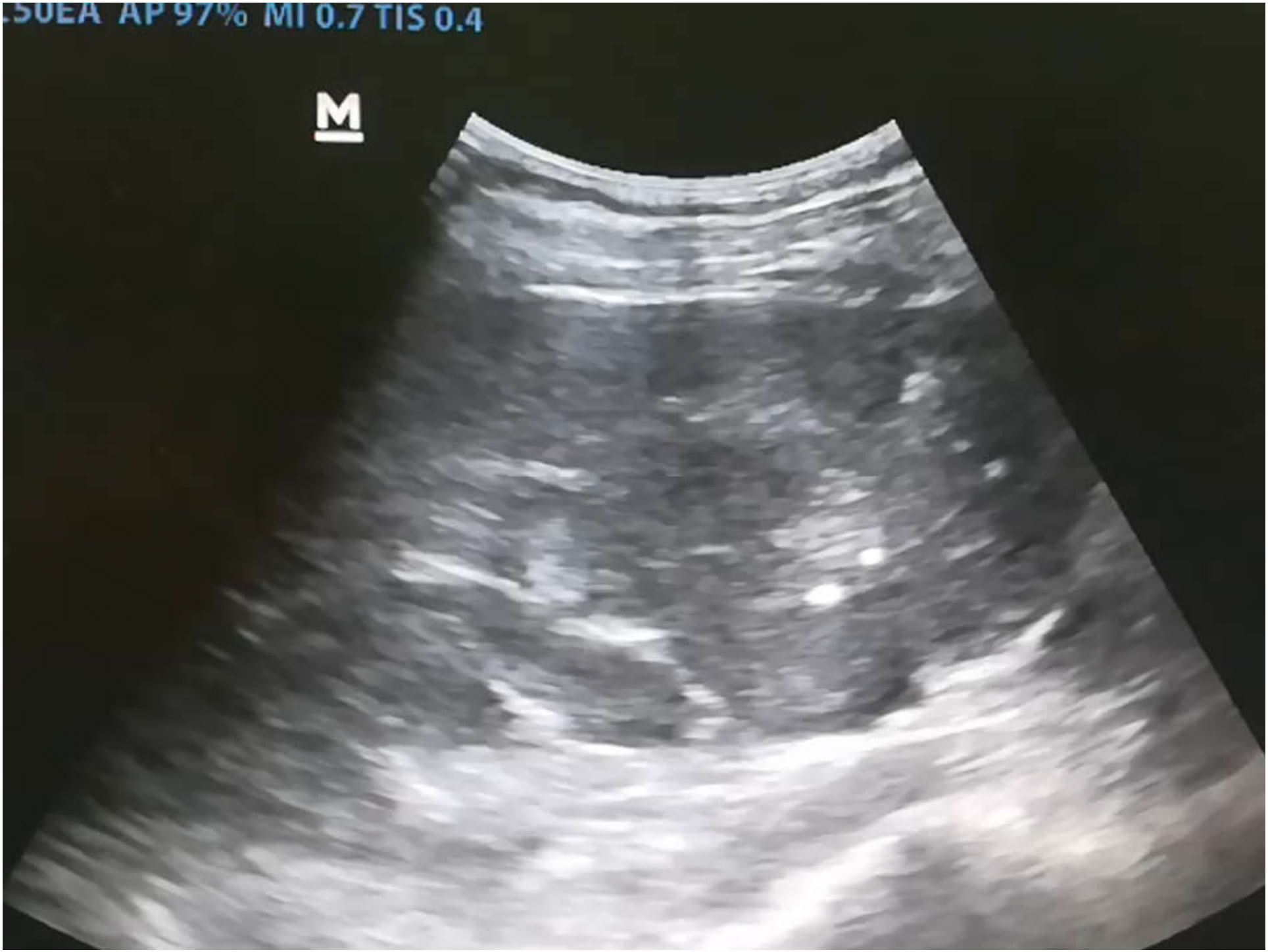
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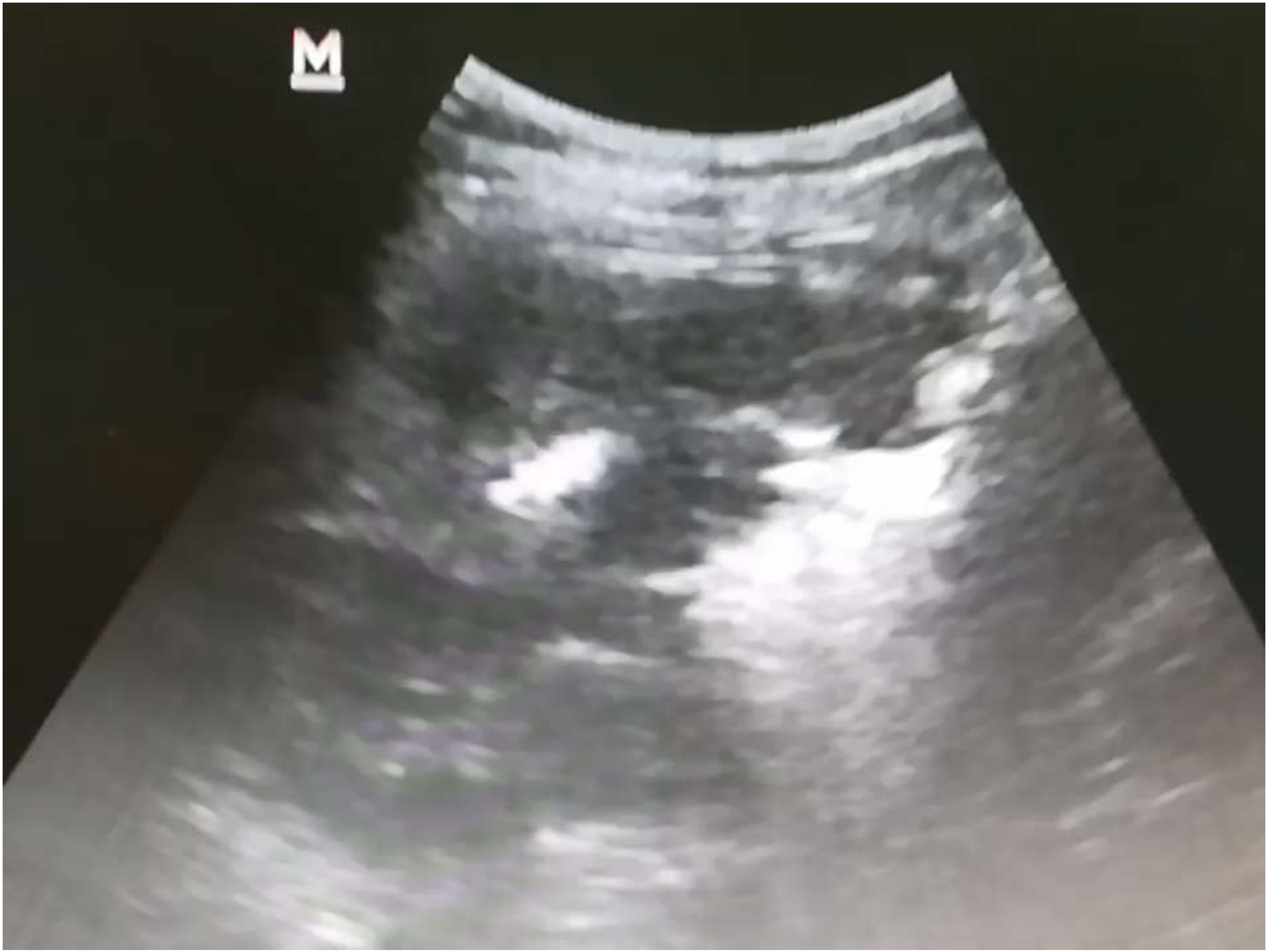
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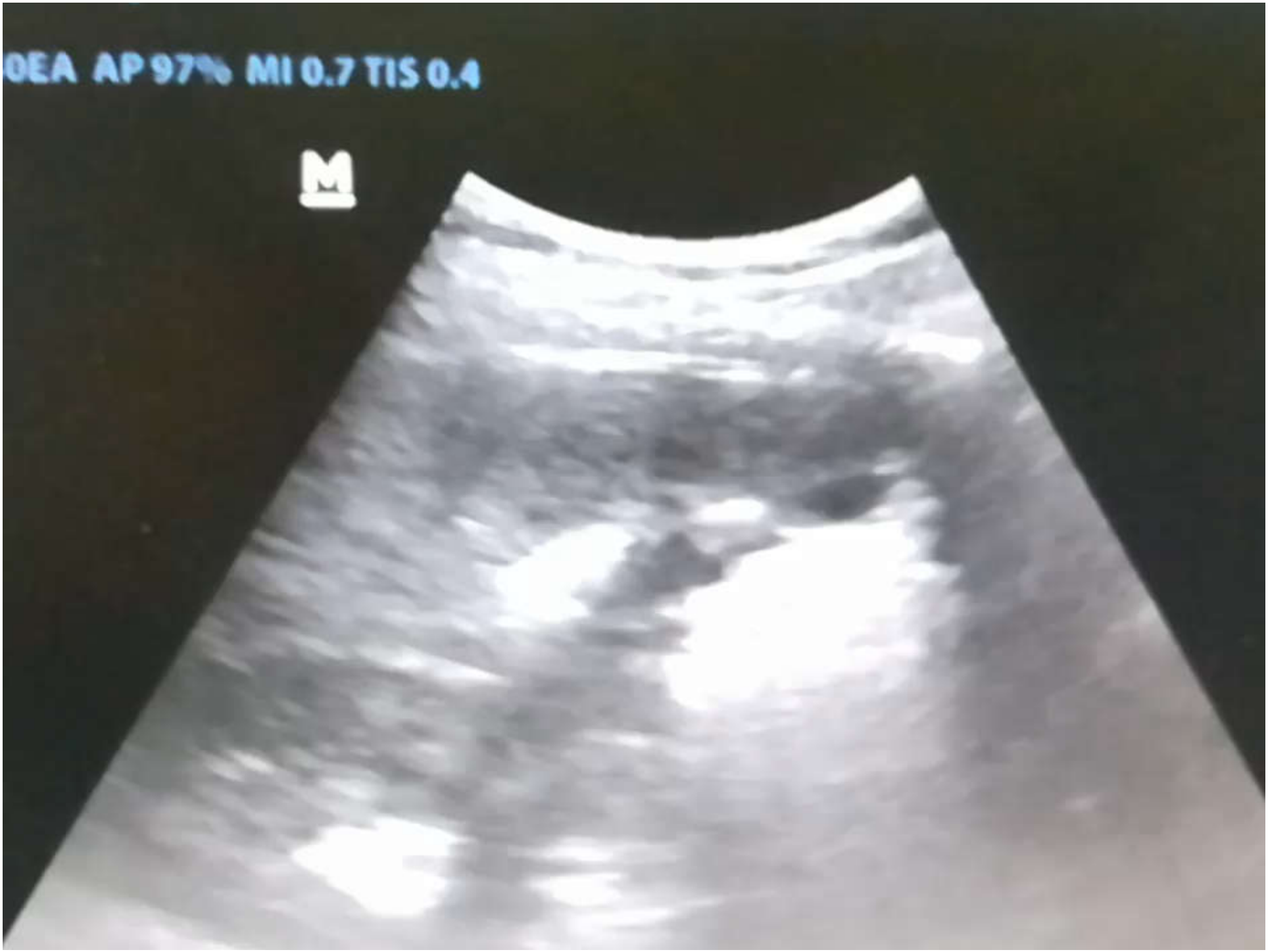
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Primary Biliary Cirrhosis

- **Primary biliary cirrhosis (PBC) is a chronic, progressive, cholestatic liver disease that primarily affects middle-aged women.**
- **Its cause is unknown but appears to involve an immunologic disturbance resulting in small bile duct destruction.**
- **In many patients, the disease is identified by an asymptomatic increase in alkaline phosphatase.**

Diagnosis

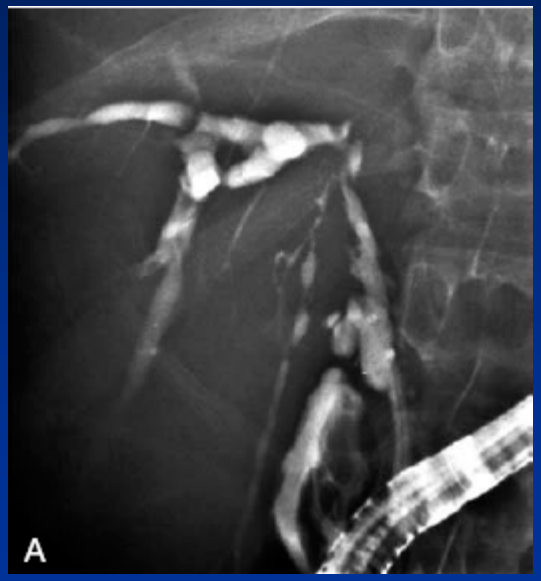
- **Common early symptoms are pruritus and fatigue.**
- **Patients may have Hashimoto thyroiditis or sicca complex.**
- **Biochemical features include increased levels of alkaline phosphatase and IgM.**
- **When PBC is advanced, the concentration of bilirubin is high, the serum level of albumin is low, and PT is prolonged. .**

- Antimitochondrial antibodies are present in 90% to 95% of patients with PBC. The classic histologic lesion is granulomatous infiltration of septal bile ducts.
- Ursodiol treatment benefits patients who have this disease by improving survival and delaying the need for liver transplant.
- Cholestyramine and rifampin may be beneficial in the management of pruritus.

PSC

- PSC: obliterative inflammatory fibrosis of extrahepatic and intrahepatic bile ducts.
- Asymptomatic increase in the alkaline phosphatase level.
- Cholangiography establishes the diagnosis.
- AIDS cholangiopathy mimics the cholangiographic appearance of PSC.

- Ulcerative colitis occurs in 70% of patients with PSC.
- Treatment of ulcerative colitis has no effect on the development of PSC.
- PSC patients are at higher risk of cholangiocarcinoma.
- Treatment of PSC is generally supportive.
- Many patients require liver transplant.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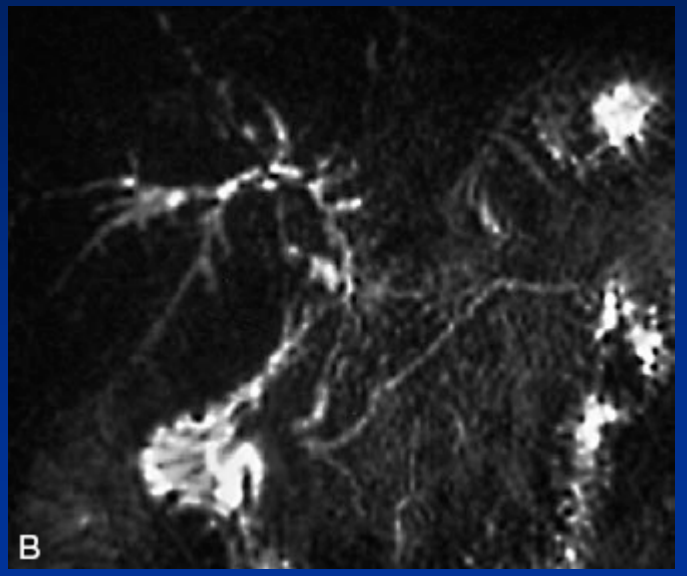
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