CASE REPORT

A RARE CASE OF AUTO-IMMUNE HEPATITIS

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ABSTRACT: Autoimmune hepatitis represents a chronic mainly periportal hepatitis with lymphocytic infiltrates, plasma cells and piecemeal necrosis. It is characterised by female preponderance, hypergammaglobulinemia, circulatory antibodies and a good response to immunosuppressive treatment.

CASE REPORT: 35 year old housewife residing in Nagpur presented in OPD with generalized weakness and malaise since 1 month. She also had yellowish discolouration of eyes and pruritis since 7 days prior to presentation in OPD. she had recurrences of jaundice in 2002, 2008, 2009. She had received symptomatic treatment then and her markers (anti HAV, HCV, HBsAg, anti HBe) were negative. She was also diagnosed as hypothyroidism and was on Thyroxine 50 mcg.

On examination she had Icterus and itching marks, darkening of skin was present. Liver was 4cm palpable and was firm and tender.

Her investigations revealed normal CBC (Hb: 9.0, TLC 5000, ESR 20). LFT was deranged (SGOT 503, SGPT 3287, TOTAL BILIRUBIN: 6.36, DIRECT BILIRUBIN: 4.6, INDIRECT BILIRUBIN: 1.76, TOTAL PROTEIN: 7.4, ALBUMIN: 4.1, GLOBULIN: 3.3) repeat viral markers were negative.

She was subsequently subjected to tests for autoimmune thyroiditis. Her ANA was weakly positive (1:100 +/-) ASMA, S. ceruloplasmin, KF ring, 24 hr copper estimation was within normal limits. she had strong AMA +ve titres (1:1000) in view of autoimmune etiology she was subjected to liver biopsy which revealed chronic active hepatitis (HA1-3).

Degenerated hepatocytes.

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Periportal inflammatory infiltrate

Periportal fibrosis

Councilman bodies

DISCUSSION: Autoimmune etiology of chronic liver disease is a diagnosis of exclusion. Genetic factors, viral hepatitis, drug hepatotoxicity and alcohol.

In our pt, factors favouring of ASH1 are female gender, predominant SGOT ELEVATION/ AMA +. Since she also had cholestatic features a possibility of AIH with PBC (overlap syndrome) in hepatitis for future follow up. The absence of fatty infiltration in biopsy slides practically rules out NASH.

She is under observation and diagnosis of AIH TYPE 1 is kept. Since there was remission at the time of diagnosis, steroids were not given.

CONCLUSION: autoimmune hepatitis is an unresolving inflammation of the liver of unknown cause. It is characterized by presence of interface hepatitis on histological examination and autoantibodies. Diagnosis is made on liver biopsy, LFT and antibodies. It responds well to glucocorticoids alone or with combination of azathioprine. Pts fail to respond or cannot tolerate glucocorticoids, alternative drugs like cyclosporin A, azathioprine, tacrolimus, mycophenolate mofetil, deflazacort, cyclophosphamide etc can be used. In refractory cases liver transplantation is used.

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