



DRUG-INDUCED AUTOIMMUNE HEPATITIS: ANALYSIS OF THE CLINICAL CASE

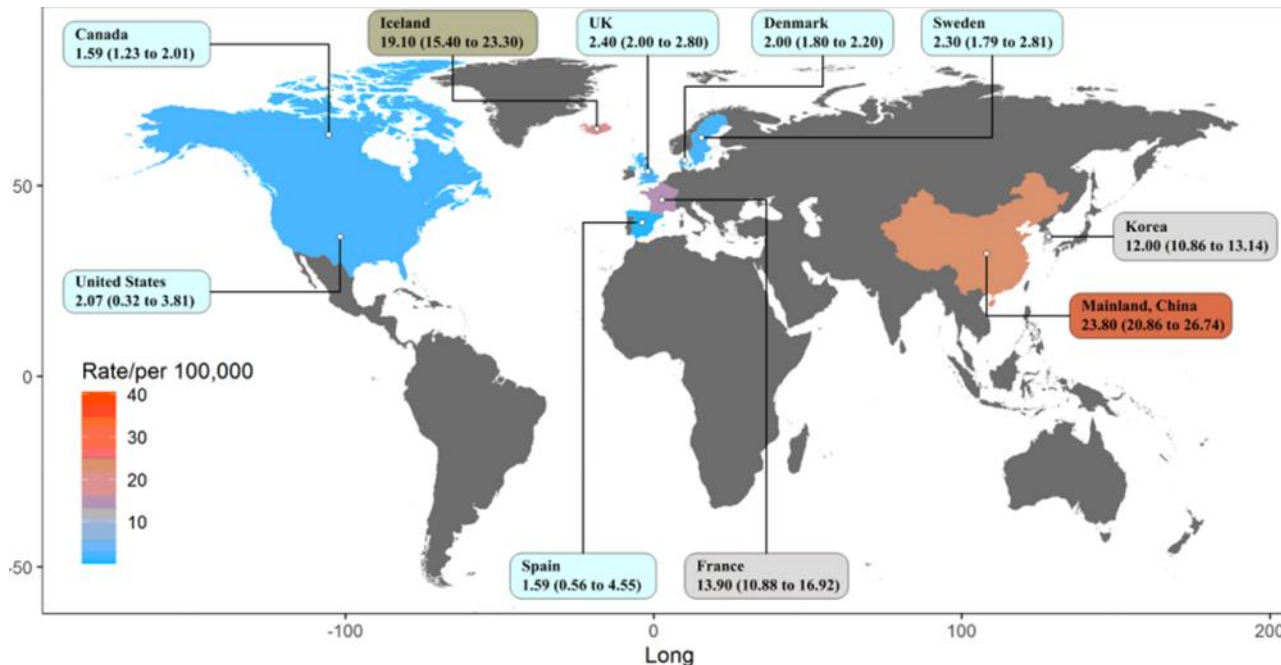
A.E.Gainutdin.¹, N.A.Ashimova.¹, A.E.Kaulybekova.¹, N.M.Churukova.¹,
Sh.A. Kuzbergenova.¹, N.Zh. Akmolda.¹, A.V. Nersesov¹

¹ Asfendiyarov Kazakh National Medical University, department of
gastroenterology. Almaty, Kazakhstan

18 апреля 2023 года, Санкт-Петербург

VI Всероссийская научно-практическая конференция с международным участием
«Петербургская весна гепатологии»

Drug-induced liver injury (DILI) is one of the types of adverse reactions to drugs that occur as a result of their hepatotoxic effect



Geographical incidence of DILI

The pathogenesis of drug-induced autoimmune hepatitis (LIAH) is based on the production of autoantibodies to neoantigens, which are proteins of the cytochrome P450 system, which are the result of the reaction of drug metabolites. A clinically relevant problem, such as drug-induced liver damage, affects 1-1.5 million patients almost every year

Kralj T, Brouwer KLR, Creek DJ. Analytical and Omics-Based Advances in the Study of Drug-Induced Liver Injury. *Toxicol Sci.* 2021 Aug 30;183(1):1-13. Fan JH, Liu GF, Lv XD, Zeng RZ, Zhan LL, Lv XP. Pathogenesis of autoimmune hepatitis. *World J Hepatol.* 2021 Aug 27;13(8):879-886.

Min Li , Yu U. Mapping the incidence of drug-induced liver injury worldwide: a systematic review and meta-analysis/ *Research square/* April 26th, 2022

Clinical Case

Patient K., 52 y.o.

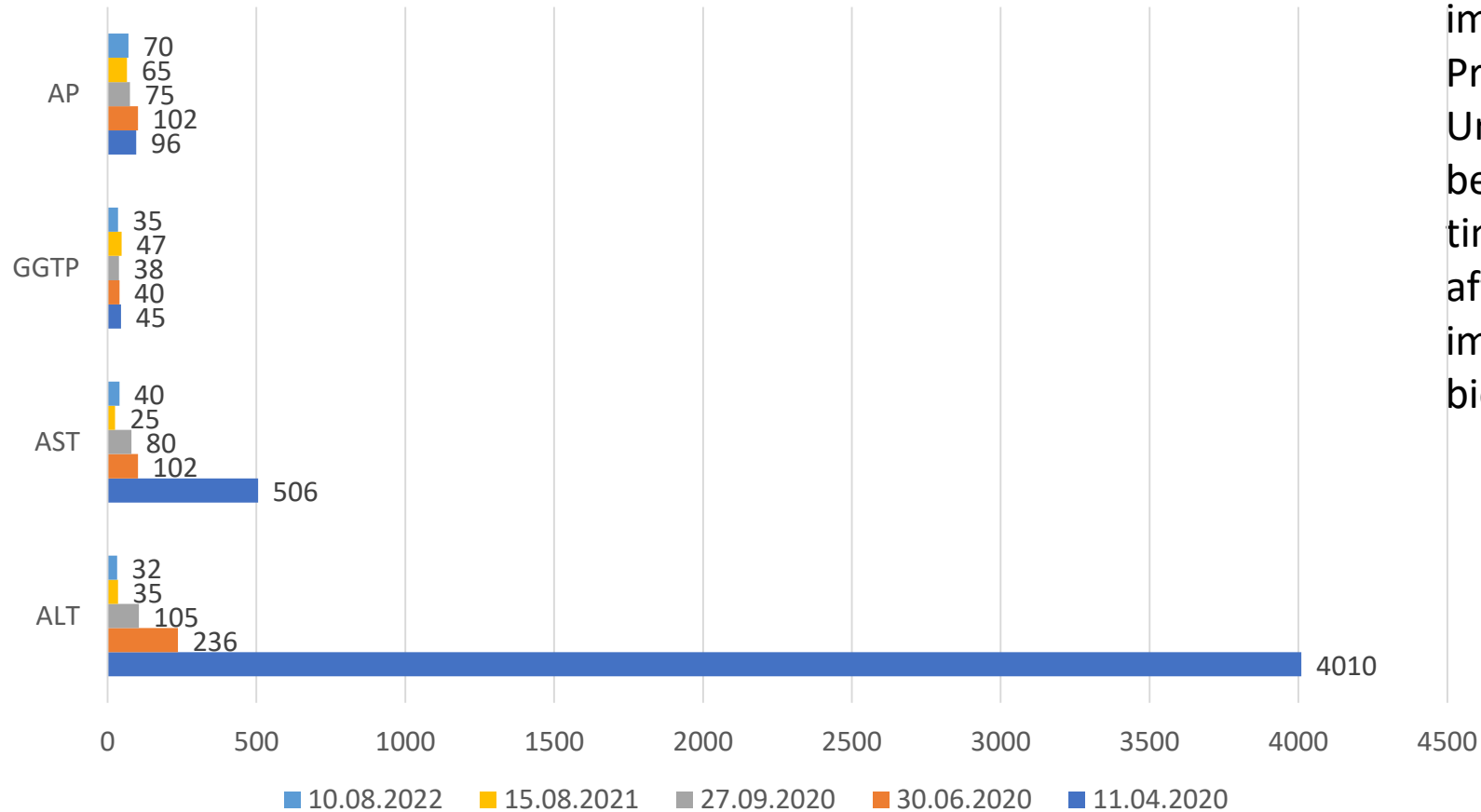
Complains: severe weakness, headaches, dizziness, shortness of breath during physical activity, fatigue.

Anamnesis morbi: about 2 years, when AIH was first diagnosed.

Concomitant diseases: Autoimmune thyroiditis.

Diagnosis: Drug-induced liver disease, mixed variant (requires dynamic monitoring for possible drug-induced autoimmune hepatitis) with pronounced biochemical activity at the onset of the disease (126 ULN ALT dated 11.04.2020) and moderate biochemical activity at the time of examination (5.9 ULN ALT). Autoimmune thyroiditis, subclinical hypothyroidism. Dyslipidemia.

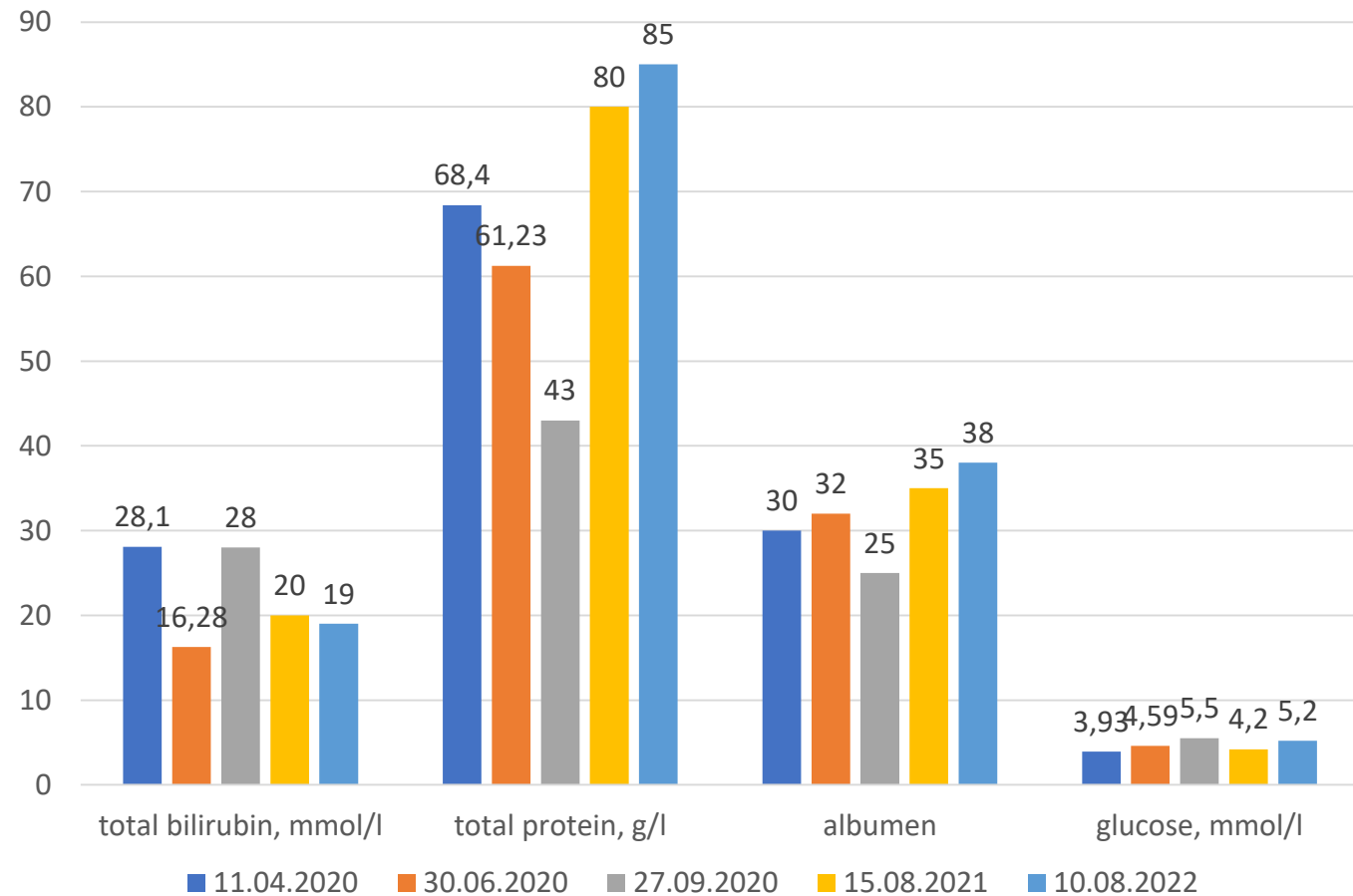
Results of a biochemical blood test



The patient was prescribed standard immunosuppressive therapy with Prednisolone 60 mg 2-3 times a day , Ursodeoxycholic acid 500 mg 2 times a day before breakfast and at night for a long time. When re-examined about 3 months after , there was a biochemical response to immunosuppressive therapy (minimum biochemical activity).

Results of a biochemical blood test

In this regard, it was recommended to reduce the dose of Prednisolone from 20 mg to 5 mg per week to 10 mg / day orally daily until 11 am - for a long time; alternative option - Budesonide (Budenofalk) 3 mg 3 times a day before meals - long-term. Azathioprine or 6-mercaptopurine 50 mg/day. At the moment, the patient is under our careful dynamic observation.



Conclusion

Acute hepatitis is currently a well-known manifestation, and accounts for more than 90% of liver damage caused by medications.

According to studies, 2.9 - 8.8% of DILI and 2 - 18% of AIH are associated with drug-induced autoimmune hepatitis.

Drug-induced liver disease and drug-induced autoimmune hepatitis may be similar in clinical laboratory findings. The final role in the differential diagnosis is played by a liver biopsy, which is necessary for further treatment