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Perspective

Clinical Presentation and Management Approaches of Autoimmune Hepatitis

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ABOUT THE STUDY

Autoimmune hepatitis (AIH) is a chronic inflammatory liver disease characterized by immune-mediated destruction of hepatocytes. It is considered an autoimmune disorder due to the presence of autoantibodies and immune system dysregulation. AIH can present at any age, with a peak incidence between 40 and 50 years. It is more common in women than in men.

Clinical presentation

The clinical presentation of AIH can vary widely, ranging from asymptomatic liver enzyme abnormalities to severe acute hepatitis. The symptoms and signs of AIH are nonspecific and may overlap with other liver diseases. The following are the key features of AIH:

Fatigue and malaise: These are the most common symptoms reported by patients with AIH. Fatigue is often debilitating and can significantly impact the patient's quality of life.

Hepatomegaly: Enlargement of the liver is a common finding in AIH. On physical examination, the liver may be tender to palpation.

Jaundice: Yellowing of the skin and sclerae occurs in some patients with AIH. It is usually a sign of advanced disease or acute exacerbation.

Pruritus: Itching is a common symptom in AIH, particularly in patients with cholestasis or advanced liver disease.

Joint pain and arthralgia: AIH is associated with various autoimmune conditions, such as rheumatoid arthritis or systemic lupus erythematosus. Joint pain and arthralgia may be present in these cases.

Spider angiomas and palmar erythema: These vascular abnormalities are seen in patients with chronic liver disease, including AIH.

Menstrual irregularities: Women with AIH may experience menstrual irregularities due to hormonal imbalances caused by liver dysfunction.

Extrahepatic manifestations: AIH can be associated with other autoimmune diseases, such as autoimmune thyroiditis, autoimmune hemolytic anemia, or autoimmune nephritis.

Management approaches

The primary goals of managing AIH are to induce and maintain remission, prevent disease progression, and minimize side effects of therapy. The treatment approach involves a combination of immunosuppressive medications and close monitoring of liver function.

Pharmacological therapy

Corticosteroids: Prednisone or prednisolone is the mainstay of treatment for AIH. These medications reduce inflammation and suppress the immune response. Initially, high doses are given to induce remission, followed by a gradual tapering regimen to the lowest effective dose.

Azathioprine: It is commonly used in combination with corticosteroids for long-term maintenance therapy. It helps to reduce the steroid dosage and maintain remission. Regular monitoring of complete blood counts and liver function is essential due to potential side effects.

Budesonide: It is an alternative to prednisone in some patients, particularly those with milder disease. It has fewer systemic side effects but is less effective in achieving remission compared to prednisone.

Monitoring and follow-up

Liver function tests: Monitoring liver function tests, including serum aminotransferases, alkaline phosphatase, bilirubin, and albumin, is crucial to assess the disease activity and treatment response.

Immunoglobulin G (IgG) levels: Elevated serum IgG levels are a hallmark of AIH and can be used as a marker of disease activity.

Autoantibodies: Testing for autoantibodies, such as Antinuclear Antibodies (ANA), Smooth Muscle Antibodies (SMA), and

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Liver/Kidney Microsomal type 1 (LKM-1) antibodies, can aid in the diagnosis and monitoring of AIH.

Liver biopsy: It is usually performed to establish the diagnosis of AIH and assess the degree of inflammation, fibrosis, and cirrhosis. It can also help guide treatment decisions.

Liver transplantation

In cases of AIH with advanced liver disease or acute liver failure, liver transplantation may be necessary. Transplantation provides long-term survival for patients who do not respond to medical therapy or develop end-stage liver disease.

Autoimmune hepatitis is a chronic autoimmune liver disease with a diverse clinical presentation. Early recognition and prompt treatment are essential to achieve remission, prevent disease progression, and improve long-term outcomes. A multidisciplinary approach involving hepatologists, immunologists, and other specialists is crucial for the management of AIH.