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Summary

LEARNING FROM A CASE OF PAINLESS OBSTRUCTIVE JAUNDICE

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Hepatobiliary

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A 68-year-old woman with pre-diabetes and obesity developed acute liver failure with hepatocellular injury attributed to ashwagandha exposure, despite having autoimmune markers and requiring transplant evaluation.

KEY POINTS

- The patient presented with painless jaundice after 24 hours, preceded by dark urine and pale stools, with markedly elevated transaminases (ALT 766 U/L, AST 984 U/L), bilirubin 463, and coagulopathy (PT 35.3s) indicating hepatic failure.
- CT imaging showed moderate ascites and grossly dilated gallbladder without bile duct dilatation or vascular occlusion; viral hepatitis screen was negative.
- Autoimmune markers were present including homogenous ANA 1:400, strongly positive SMA, and polyclonal gammopathy (IgG 18.8, IgM 5.5, IgA 4.2), but negative AMA/LKM.
- The acute liver injury was attributed to ashwagandha exposure in 2021, with a latency period before presentation; previous case series have reported similar injury patterns with ashwagandha but without hepatic failure.
- The case raises questions about distinguishing drug-induced liver injury when alternative markers are present, the role of steroids, and the relationship between herbal supplement-related DILI and acute liver failure.

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