

PELIOSIS HEPATIS: A CASE REPORT OF A RARE LIVER DISORDER

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Poster

Hepatobiliary

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A 48-year-old woman with subacute ataxia developed hepatic peliosis following methylprednisolone treatment, with complete resolution after corticosteroid discontinuation.

KEY POINTS

- The patient developed elevated liver enzymes (ALT up to 5 times normal) one day after immunoglobulin treatment, followed by worsening symptoms four days after starting methylprednisolone, presenting with epigastric pain, nausea, vomiting, leukocytosis of 17,500, and ALT of 373 U/L.
- Abdominal CT scan revealed multiple pericentimeter areas of arterial phase enhancement in the right hepatic lobe, suggestive of hepatic peliosis; corticosteroid therapy was suspended.
- Complete resolution of lesions was documented on abdominal CT scan six months after initial presentation, with partial regression observed on MRI at three months.
- Peliosis hepatitis can be associated with infectious diseases, neoplasms, and immunosuppressive drugs such as corticosteroids, and may lead to complications including intraperitoneal hemorrhage, liver failure, and portal hypertension.
- This case is relevant for clinicians managing patients on corticosteroid therapy who develop unexplained liver enzyme elevations or hepatic imaging abnormalities.

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