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Summary

ALVERINE CITRATE AND THE LIVER: A HIDDEN RISK IN A COMMON ANTISPASMODIC

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Hepatobiliary

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A 43-year-old woman developed severe hepatocellular injury within two weeks of starting alverine citrate, with causality confirmed by inadvertent rechallenge three years later.

KEY POINTS

- Within two weeks of alverine citrate initiation, the patient developed jaundice and fatigue with ALT and AST elevated 22× and 39× ULN, bilirubin 274 µmol/L, and severe hepatocellular injury.
- Liver biopsy showed portal inflammation with eosinophilic infiltrates suggestive of immunoallergic hepatitis; viral and autoimmune panels were negative and imaging excluded biliary obstruction.
- Discontinuation of alverine citrate led to normalization of liver enzymes, and inadvertent re-exposure three years later triggered a reproducible episode of acute hepatitis confirming causality.
- Causality assessment yielded a RUCAM score of 12 (highly probable) and Naranjo scale score of 8 (probable), with only three prior published cases of alverine citrate-induced hepatitis and none reporting confirmed rechallenge.
- This case report is relevant to clinicians prescribing alverine citrate for functional gastrointestinal disorders who should recognize its rare hepatotoxic potential.

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