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Summary

Diagnosis and management of autoimmune hepatitis

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Autoimmune hepatitis is a rare immune-mediated liver disease requiring individualized long-term immunosuppression, with first-line treatment consisting of prednisolone followed by azathioprine or mycophenolate to achieve complete biochemical remission and prevent progression to cirrhosis.

KEY POINTS

- The speaker reported that untreated autoimmune hepatitis carries six-fold higher mortality in the first year, and approximately one-third of patients present with established cirrhosis at diagnosis.
- Diagnosis rests on four criteria as stated by the speaker: elevated IgG (present in about 85% of patients), presence of autoantibodies, compatible liver histology showing interface hepatitis, and exclusion of viral hepatitis and other causes.
- First-line treatment begins with prednisolone at 0.5 to 1 mg/kg/day, followed after a couple of weeks by either azathioprine (1 to 2 mg/kg) or mycophenolate, with the speaker noting that a Dutch study showed mycophenolate achieved biochemical remission sooner with fewer side effects (5% discontinuation vs 25% for azathioprine).
- The speaker emphasized that complete biochemical remission—defined as normalization of both ALT and IgG—is associated with survival advantage and regression of fibrosis, though 30 to 40% of patients have insufficient response to azathioprine.
- Treatment withdrawal requires at least two years of remission on minimal single-agent therapy, but the speaker stated relapse risk is high at 60% after one year and 80% after three years, necessitating gradual tapering and close monitoring.
- The speaker noted in the Q&A that histology for assessing remission is not performed routinely in clinical practice, reserving it for patients being considered for drug withdrawal after two years or when disease control is unexplained.

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