

ACUTE HEPATITIS COEGSIST WITH GRAVES' DISEASE

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Poster

Hepatobiliary

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A 12-year-old girl presenting with jaundice and elevated liver enzymes was diagnosed with Graves' disease, with complete normalization of liver function following treatment with methimazole and propranolol, without requiring autoimmune hepatitis therapy.

KEY POINTS

- The patient presented with jaundice, itchy skin, weakness, tachycardia, and exophthalmos, with significantly elevated transaminases, bilirubin, and bile acids but normal INR, ammonia, and albumin.
- Initial workup ruled out infectious causes, Wilson's disease, and alpha-1-antitrypsin deficiency; elevated ANA and IgG were found but liver autoantibody panel was negative and liver imaging showed no abnormalities.
- Thyroid function tests revealed undetectable TSH, elevated fT3 and fT4, positive anti-thyroid antibodies (anti-Tg, anti-TSHr, anti-TPO), and enlarged thyroid on ultrasound, confirming Graves' disease.
- Treatment with methimazole and propranolol rapidly stabilized the patient and improved laboratory parameters within days, with complete normalization of liver function tests while maintaining euthyroid status.
- The authors note that complete resolution without immunosuppressive therapy argues against autoimmune hepatitis, illustrating the potential for thyrotoxicosis to cause significant hepatic dysfunction that resolves with thyroid disease control.

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