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Summary

CHOLESTATIC LIVER INJURY ASSOCIATED WITH COLCHICINE IN FAMILIAL MEDITERRANEAN FEVER: A CASE REPORT

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A case report describes cholestatic liver injury attributed to colchicine therapy in a 68-year-old woman with familial Mediterranean fever, with liver biopsy findings of hepatocellular ballooning and polyploidy consistent with colchicine-associated hepatotoxicity.

KEY POINTS

- The patient had genetically confirmed FMF (M694V/V726A mutations) complicated by systemic AA amyloidosis with renal involvement, chronic kidney disease stage G4, and gout, and was taking colchicine 1 mg/day along with other medications.
- Laboratory tests showed a cholestatic pattern of liver injury, impaired renal function with proteinuria, and elevated inflammatory markers, while thyroid function and CA-125 were normal.
- MRI revealed ascites predominantly in the pouch of Douglas and paracolic gutters, with linear fibrotic strands and rounded fibrotic lesions but normal liver size, homogeneous parenchyma, and no biliary obstruction; follow-up MRI at seven months showed minimal reduction of ascites with other findings unchanged.
- Liver biopsy performed to exclude hepatic amyloidosis, allopurinol-associated changes, autoimmune liver disease, infiltrative processes, and vascular disorders showed preserved hepatic architecture with hepatocellular ballooning, occasional ring mitoses, and polyploidy consistent with colchicine-associated hepatotoxicity.
- The authors suggest that cholestatic liver injury in FMF may be associated with colchicine therapy and that ascites may occur outside acute FMF attacks.

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