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Summary

DRUG-INDUCED HEPATITIS: ETIOLOGICAL PROFILE AND THERAPEUTIC MANAGEMENT

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Hepatobiliary

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A 13-year retrospective study of 194 patients with drug-induced hepatitis found anti-tuberculosis drugs, immunosuppressants, and paracetamol were the most common culprits, with nearly one-quarter developing fulminant hepatitis and an overall mortality of 17.5%.

KEY POINTS

- Anti-tuberculosis drugs were implicated in 56.7% of cases, followed by immunosuppressants particularly azathioprine in 22.6%, and paracetamol in 11.8%.
- Severe acute hepatitis occurred in 36% of cases, including fulminant hepatitis in 24.7% of patients.
- Jaundice was the most common clinical manifestation in 57.7% of symptomatic patients, though 30.4% of cases were discovered incidentally during routine biological check-ups.
- Discontinuation of the offending drug was undertaken in all patients, with N-acetylcysteine introduced for paracetamol-induced hepatitis and intensive care management for fulminant cases, resulting in favorable outcomes in 82.4% and death in 17.5%.
- This material is relevant for clinicians managing patients on hepatotoxic medications, particularly anti-tuberculosis therapy and immunosuppressants, emphasizing the need for vigilant monitoring and early recognition of hepatotoxicity.

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