

LIVER DIAGNOSTIC CHALLENGES IN INFLAMMATORY BOWEL DISEASE: A CASE-REPORT

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Poster

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A case report describes infliximab-associated autoimmune-like hepatitis in a 59-year-old woman with Crohn's disease and primary sclerosing cholangitis, successfully managed by switching to ustekinumab.

KEY POINTS

- At the fourth infliximab infusion, routine monitoring detected asymptomatic hepatocellular liver injury with alanine aminotransferase 449 U/L and aspartate aminotransferase 284 U/L.
- Liver biopsy revealed cholestatic pattern hepatitis compatible with hepatotoxicity, PSC, and steatosis, without features of autoimmune hepatitis, supporting a diagnosis of infliximab-associated autoimmune-like hepatitis.
- Infliximab was discontinued and prednisolone started, resulting in complete liver enzyme normalization by week seven.
- The patient was transitioned to ustekinumab with no complications after six months of follow-up.
- The authors note that immune-mediated drug-induced liver injury from infliximab is rare but often asymptomatic, and they advocate for routine liver function monitoring in patients on anti-TNF therapy.

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