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Summary

ACUTE CHOLESTATIC DRUG-INDUCED LIVER INJURY IN A POST–MYOCARDIAL INFARCTION PATIENT ON DUAL ANTIPLATELET THERAPY: A CASE REPORT

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A case report describes fatal ticagrelor-induced cholestatic liver injury in a 67-year-old post-myocardial infarction patient on dual antiplatelet therapy, diagnosed by exclusion and positive rechallenge.

KEY POINTS

- Painless jaundice developed two months after coronary stenting; admission labs showed cholestatic injury with ALP 1578 U/L, total bilirubin 389.9 µmol/L, and renal dysfunction.
- Imaging and workup excluded biliary obstruction, viral hepatitis, autoimmune causes, and IgG4-related cholangitis; liver biopsy showed mild lobular cholestasis consistent with drug-induced liver injury.
- Liver enzymes decreased when ticagrelor was withheld for gastrointestinal bleeding but worsened again after ticagrelor re-administration and after trial of clopidogrel.
- The patient died in the ICU one month after presentation; autopsy confirmed hepatocellular cholestasis, and temporal association with ticagrelor exposure supported drug causality.
- The case emphasizes that essential cardiovascular medications may rarely cause severe, potentially fatal hepatotoxicity and that drug-induced liver injury remains a diagnosis of exclusion.

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