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Summary

A young female with acute liver failure: Autoimmune hepatitis, drug-Induced liver injury or Wilson’s disease?

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Surgery | Hepatobiliary

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The speaker presented a case of acute liver failure in a 35-year-old woman on methyldopa, diagnosed as drug-induced autoimmune-like hepatitis based on the combination of features typical for autoimmune hepatitis and spontaneous improvement after drug withdrawal.

KEY POINTS

- The patient developed acute liver failure with highly elevated transaminases, bilirubin, INR of 2.0, and encephalopathy after 146 days of methyldopa therapy, with normal liver parameters five months earlier.
- Wilson's disease was deemed very unlikely with a Leipzig score of 2 or less, despite reduced ceruloplasmin, because the speaker noted ceruloplasmin reduction and hemolytic anemia features can occur in acute liver failure itself.
- The RUCAM score was 6 indicating probable DILI, the RECOM suggested a non-DILI explanation, and the simplified autoimmune hepatitis score was 7 indicating definite autoimmune hepatitis, illustrating diagnostic uncertainty.
- Liver biopsy showed subtotal necrosis with basically no vital liver parenchyma left, pronounced interface hepatitis, and infiltration of lymphocytes and plasma cells, with markedly elevated ANA at 1:3200 and IgG at 29.1 g/dL.
- The speaker presented their own data showing 70% of DILI patients have positive ANA and nearly one-third have titres of at least 1:400, suggesting ANA may be an epiphenomenon in acute liver injury rather than specific for autoimmune hepatitis.
- The patient required ICU admission and high-urgency transplant listing but improved after prednisolone initiation, though ALT and bilirubin had already begun declining before steroid therapy, consistent with the speaker's diagnosis of drug-induced autoimmune-like hepatitis caused by methyldopa.

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