

THE CULPRITS BEHIND METHOTREXATE-PROPOSED HEPATOTOXICITY ARE MODIFIABLE RISK FACTORS

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Poster

Hepatobiliary

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A prospective study of 201 rheumatoid arthritis and psoriatic arthritis patients on long-term methotrexate found significant liver fibrosis was rare, while hepatic steatosis was the dominant finding and was associated with metabolic factors rather than methotrexate exposure.

KEY POINTS

- Liver stiffness values were generally low with minimal fibrosis detected by Fibroscan (median 4.7 kPa) and ARFI (median 2.85 kPa) despite prolonged methotrexate exposure.
- Multivariable regression identified no independent predictors of increased liver stiffness among treatment-related or clinical variables.
- Hepatic steatosis measured by CAP was significantly associated with higher BMI ($p = 0.002$) and waist circumference ($p = 0.001$), but not with methotrexate dose, duration, or alcohol intake.
- Principal component analysis confirmed that steatosis clustered with metabolic rather than pharmacologic variables, suggesting metabolic risk factors drive hepatic changes in this population.
- The authors suggest these findings support targeted metabolic assessment and intervention rather than routine methotrexate discontinuation based on fibrosis concern.

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