

**AUTOIMMUNE HEPATITIS:
NOT JUST FOR THE MIDDLE-AGED FEMALE**

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Autoimmune hepatitis (AIH) is a chronic disorder of continuing hepatocellular necrosis, with Type I AIH predominately occurring in young women, often leaving this diagnosis unexplored outside this population.

A 71-year-old African-American male with a history of hypertension, diabetes mellitus, and an uncharacterized 'thyroid problem' presented with a nine day history of maculopapular rash and jaundice accompanied by dark brown urine and pale stools. He denied nausea, vomiting, diarrhea, and abdominal pain. He reported a ten pound weight loss over the prior two weeks due to anorexia. He denied alcohol consumption in the last five years. Physical examination revealed a diffuse truncal maculopapular rash and marked jaundice. Abdominal examination was normal. Initial laboratory studies showed a total bilirubin of 30.4 mg/dL with conjugated bilirubin of 27 mg/dL, alkaline phosphatase 418 IU/L, AST 444 IU/L, and ALT 435 IU/L. Globulin fraction was 4.6. Creatinine was 4.8 mg/dL with baseline of 1.1 mg/dL. Arterial liver dopplers, CT scan of the abdomen and MRCP were normal. The etiology of acute hepatitis was elusive and supportive care was given until serologies returned. Viral serologies including Hepatitis A, B, and C were negative, as well as a normal iron profile, normal ceruloplasmin and alpha-1-antitrypsin, negative anti-mitochondrial antibody, and negative anti-LKM antibody. The patient was followed as an outpatient, with continued abnormal transaminases, bilirubin, alkaline phosphatase, and creatinine at four-month evaluation. Autoimmune studies revealed an antinuclear antibody (ANA) titer of 1:640 with homogenous/rim pattern, as well as anti-Smith antibody titer of 1:319, anti-dsDNA titer of 1:872, and moderate to strongly positive anti-smooth muscle antibody of > 1:30. Liver biopsy demonstrated chronic hepatitis with bridging fibrosis. Treatment with prednisone and azathioprine was initiated with improvement in transaminases in three weeks and complete normalization of AST, ALT, alkaline phosphatase, bilirubin, and creatinine at two months after initiation of immunosuppressive therapy.

Autoimmune hepatitis with lupoid features characterizes a distinct subset of patients who are predominately young to middle-aged females with high-titer circulating ANA and hyperglobulinemia. Other autoimmune features including fatigue, anorexia, arthralgias, and jaundice are common in this group. Other symptoms such as azotemia and maculopapular eruptions may also occur. Although uncommon in this patient's age group and gender, AIH should remain a consideration when evaluating acute and chronic hepatitis, as severe systemic autoimmune hepatitis has a 6-month mortality rate as high as 40% without therapy, the mainstay of which is glucocorticoids.