

Autoimmune hepatitis (HA) is likely induced by Epstein Barr Virus (EBV) infection

EJ Medina Avalos, FI García Juárez,
JL Pérez Hernández, MY Carmona Castillo, ST Carrión,
CL Dorantes Nava

Liver clinic. General Hospital of Mexico 'Dr. Eduardo Liceaga'. Mexico City, Mexico

Introduction and Objectives: HAI is an immune-mediated chronic inflammatory liver condition of uncertain etiology. There are genetic factors and triggering agents such as toxicity, infections, and medications, among others.

Case summary: An 18-year-old woman with nausea, vomiting, abdominal pain and jaundice, positivity for Hepatitis A IgM (IGM-HAV), PCR SARS COV 2 negative, creatinine 0.56, FA 297, GGT 463, DHL 756, INR 1.4 BT 5.32, BI 2.87, BD 2.45, ALB 3.57, AST 136, ALT 135, Hb 8.9, Neutrophils 500. Hematology concludes with hemophagocytic syndrome (SH). HCV AND HBV negative, IGG 1560, ANTI DNA 108, ANA 1:80, IGM-HAV reactive, EBV 29.9125 copies/ml. Cyclosporine is administered by SH. 10 months after she is assessed in the liver clinic for the persistence of transaminasemia. By ultrasound hepatosplenomegaly, without dilation of the bile duct. Liver biopsy reported inflammatory infiltrate of periportal predominance with interface activity, macrovesicular steatosis, without fibrosis, without hemophagocytosis, with biochemical and histological data compatible with HAI with a simplified score of 7 points. (Fig. 1).

Discussion: HAI is associated with positive autoantibodies, hypergammaglobulinemia and necro inflammatory features in histology. HAV and EBV can induce HAI, as it induces autologous antibodies against triose phosphate isomerase. The patient has complicated EBV infection with SH and persistence of IGM-HAV for 11 months. Liver biopsy with autoimmune hepatitis data, probably as a result of EBV infection and false positive for IgM-HAV for EBV coinfection.

Conclusion: A woman with EBV, probable false-positive HAV and EBV-induced HAI is reported.

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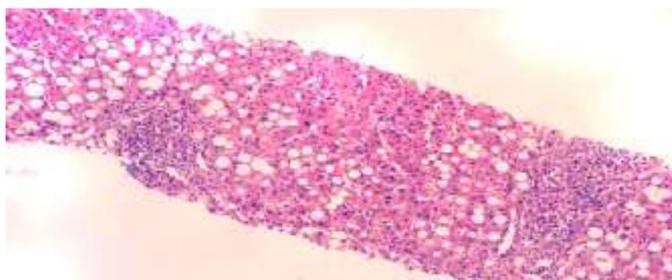


Figure 1. Liver histological cut with hematoxylin eosin 100x. predominantly lymphoid, moderate, portal inflammation with interphase and lobular activity in addition to moderate macrovesicular steatosis.

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Reactivation autoimmune hepatitis report of two cases

CJ Toranzo González, M Castillo Barradas,
A Torres Castro

Specialty Hospital. Centro Médico La raza. Instituto mexicano del seguro social (IMSS). Mexico

Introduction and Objectives: To present two clinical cases of patients with autoimmune hepatitis (AIH). After infection by SARS-COV-2, presented reactivation of the disease.

Materials and methods: 42-year-old female with a history of celiac disease, choledocholithiasis, Arterial hypertension and CACU. Autoimmune hepatitis since 2012 treated with Prednisone, ursodeoxycholic acid and mycophenolic Ac. In March 2022, she presented infection by SARS COV-2 and relapse of AIH due to elevated transaminases; remission was reinduced with prednisone, showing biochemical improvement

48-year-old male history of psoriasis diagnosed with AIH in 2018 under treatment with Prednisone and Azathioprine. In February 2022, he presented a serious infection by SARS-Cov 2, restarting the remission reinduction scheme with prednisone and Azathioprine.

Discussion: In the bibliography consulted, there are no reports about the reactivation of the disease after infection by SARS-CoV-2, although there is a case report for autoimmune hepatitis and an autoimmune hepatitis overlap syndrome/primary biliary cholangitis triggered by COVID-19.

Conclusions: The spectrum of affectations after the pandemic by SARSCOV-2 is still wide, so we consider it important to expose these cases where the history of the infection in the face of an exacerbation by SARSCOV-2; in our experience, remission was reinduced with prednisone and azathioprine of according to international schemes, with good response from patients. We consider it important to report these cases since there is an association between AIH and viral infections such as Epsteinbar, so there may be a clear association between Sarc-cov2 infection and relapse.

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Table 1. Biochemical characteristics of the two patients

Patient 1 Date	AST	ALT	IgG	Alkaline phosphatase	BT	platelets
04.11.21	26	48	2765	101	0.5	233
10.03.22	756	1204	4276	183	4.6	200
24.03.22	281	800	4544	174	2.7	35
Patient 2						
25.11.21	102	130	2292	X	1.1	85
28.03.22	638	731	3577	138	10.1	94

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Overlay of autoimmune cholangitis and autoimmune hepatitis

KM Cervantes Espinoza¹, L Juárez Chávez²,
DG Ibarra Salazar³

¹ Internal Medicine. Regional General Hospital N. 1 "Dr. Carlos Mac Gregor Sanchez Navarro". Mexico

² Gastroenterology Service. HGZ 1A "Rodolfo Antonio de Mucha Macias". Mexico

³ Pathological Anatomy Service. HGZ 1A "Rodolfo Antonio de Mucha Macias". Mexico

Introduction and Objectives: The "overlap syndrome" is a variant of autoimmune hepatitis (AIH) in addition to cholestatic liver disease. AIH can present concurrently with primary biliary cholangitis (PBC) 7% to 13%, primary sclerosing cholangitis (PSC) 6% to 11% or autoimmune cholangitis (AIC) 3% to 9%, the rarest and associated with a poor prognosis. Diagnosis requires biochemical alteration, immunological studies and biopsy, plus the exclusion of viral, toxic, metabolic and hereditary etiologies. Therapy, including corticosteroids, ursodeoxycholic acid and