Circulation LP

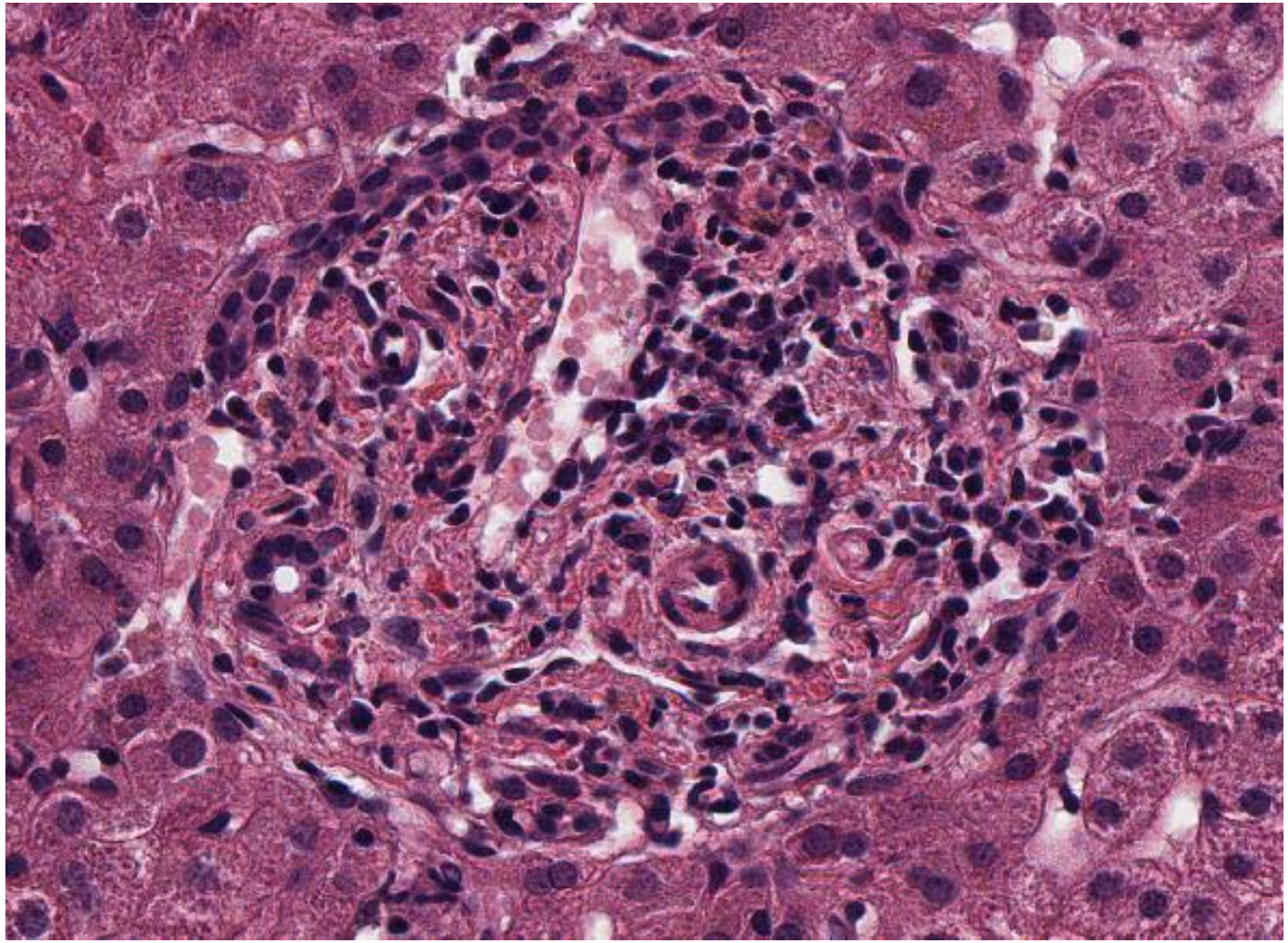
DILI Cases

Philip Kaye

Case 2

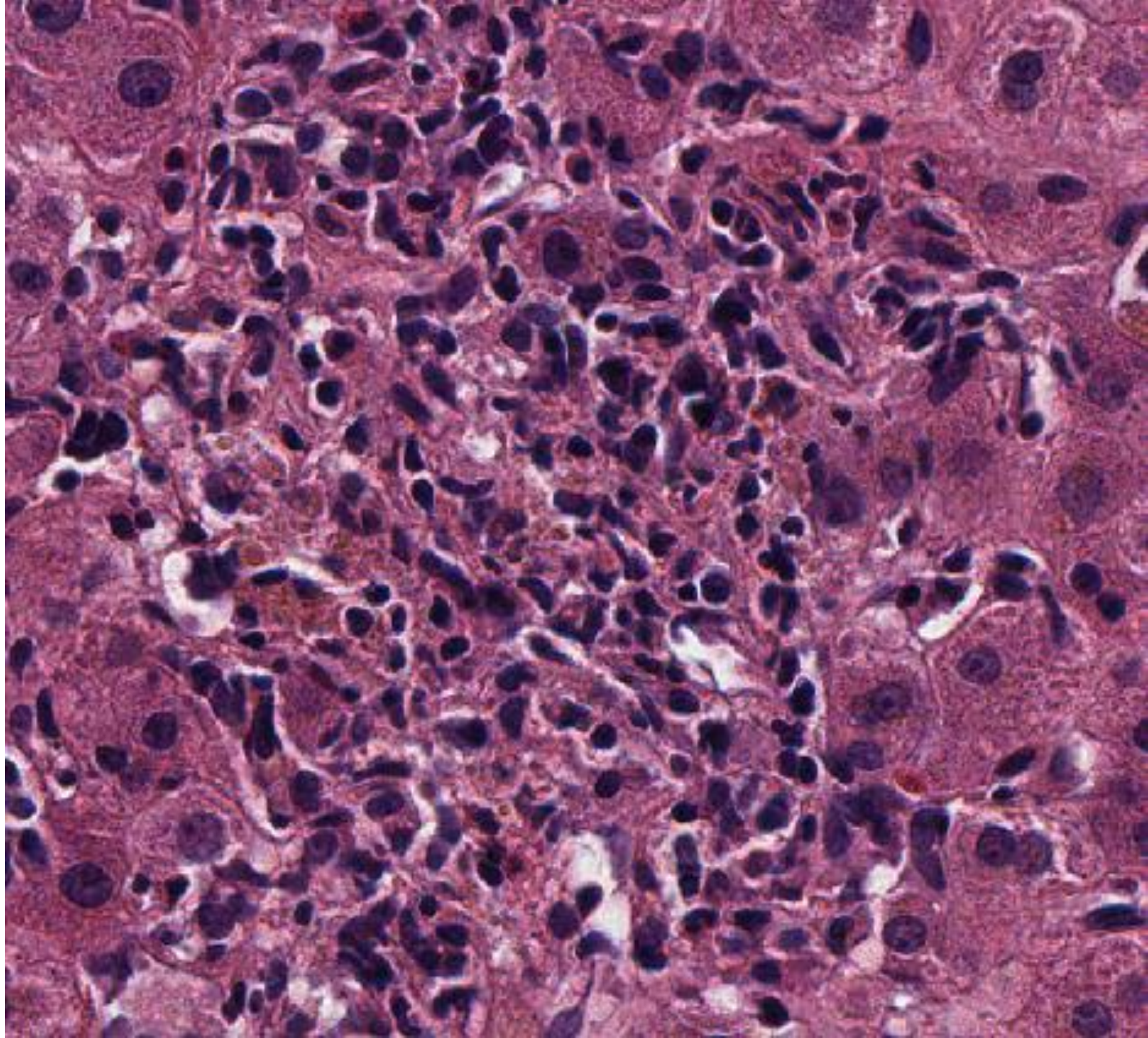
- Case LP2 50F
- Very raised ALT. DILI v AIH Urgent histology. Recently started Etanercept for rheumatoid arthritis. Concurrent use of Isoniazid for latent TB control. no other medication. Some viral symptoms 1 month ago. Subsequent spike in ALT 1700, with normal function of liver ? DILI, ? AIH.

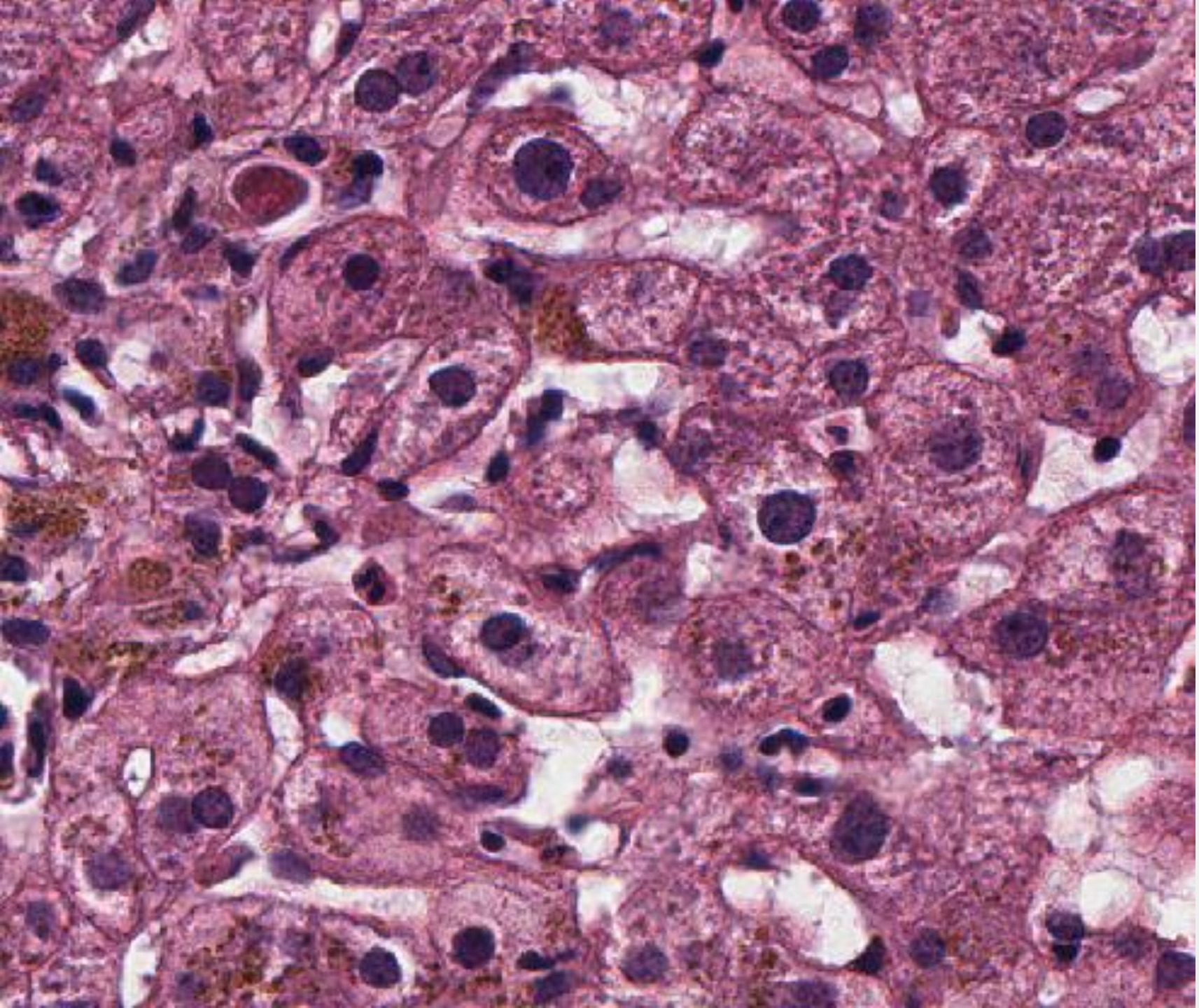
Mild Portal Inflammation



Portal Tract

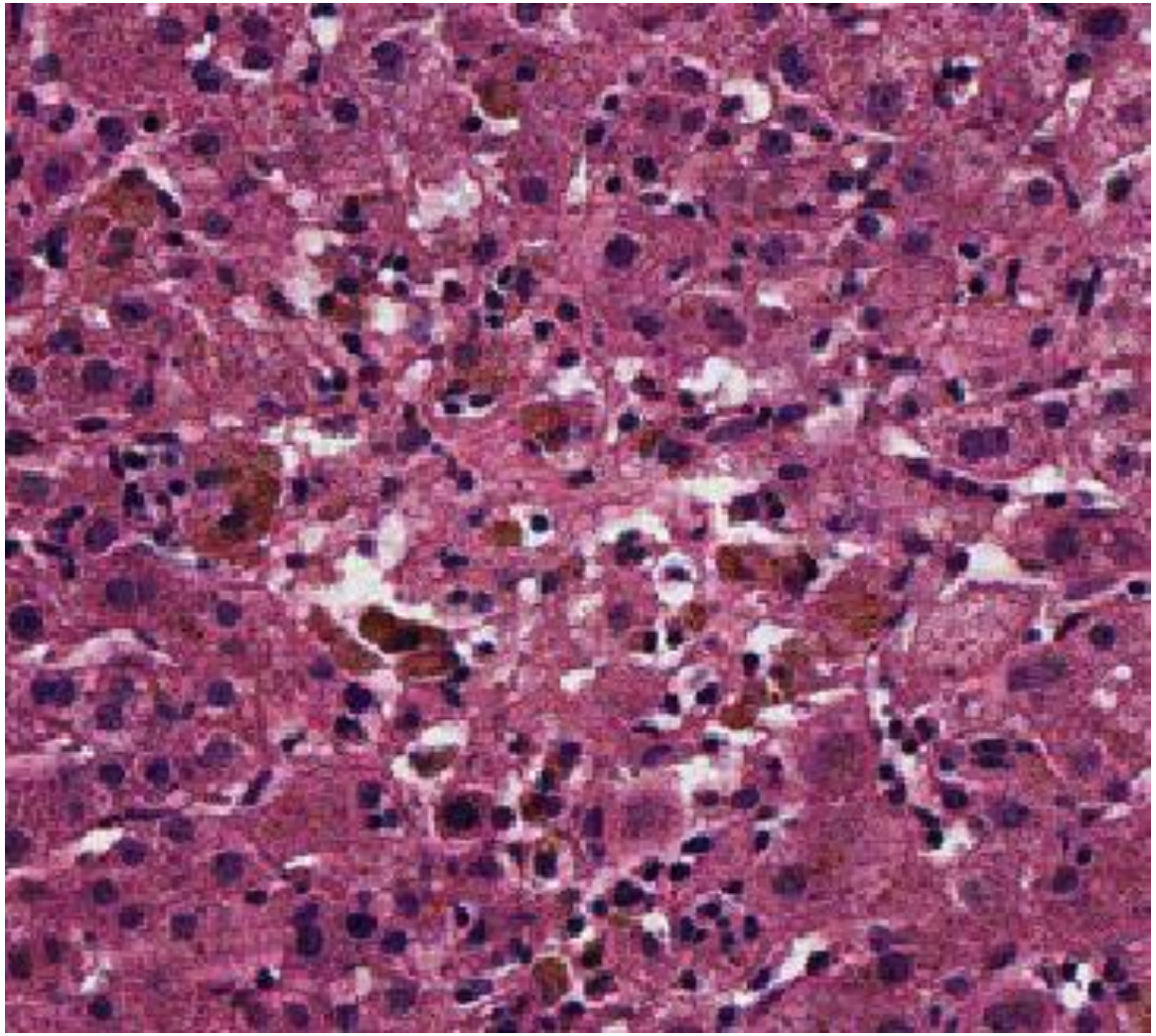
- Moderate Inflammation
- Some eosinophils
- Few plasma cells





Single cell death

Small patches of confluent necrosis



Etanercept – TNF alpha inhibitor

- This group is now well known for causing liver injury
- May be hepatitic or cholestatic
- Responds to withdrawal/steroids
- May have ANA antibodies
- May be OK with another drug in class

Probability of AIH is low

Histology is not typical

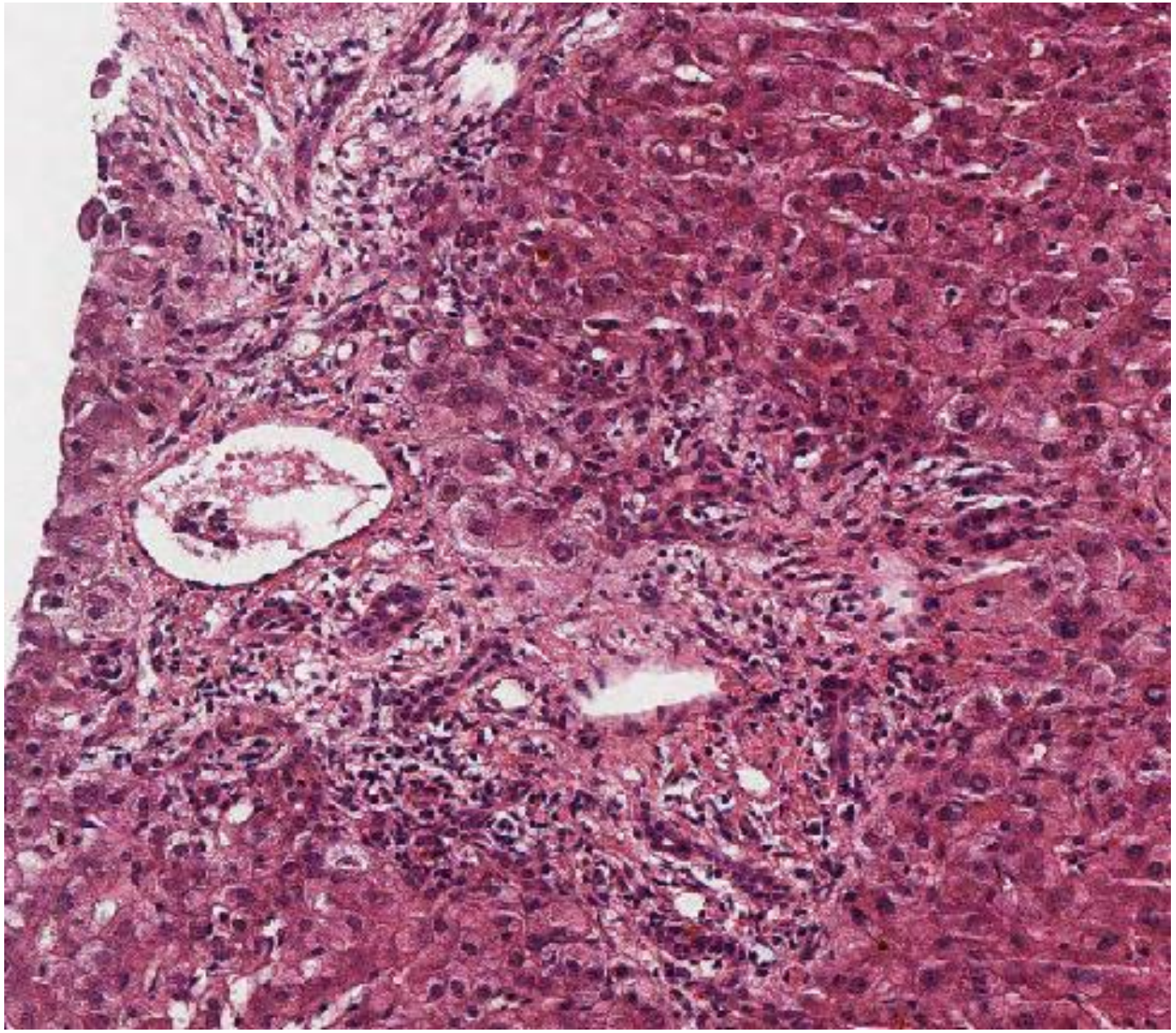
No antibodies (at least not given)

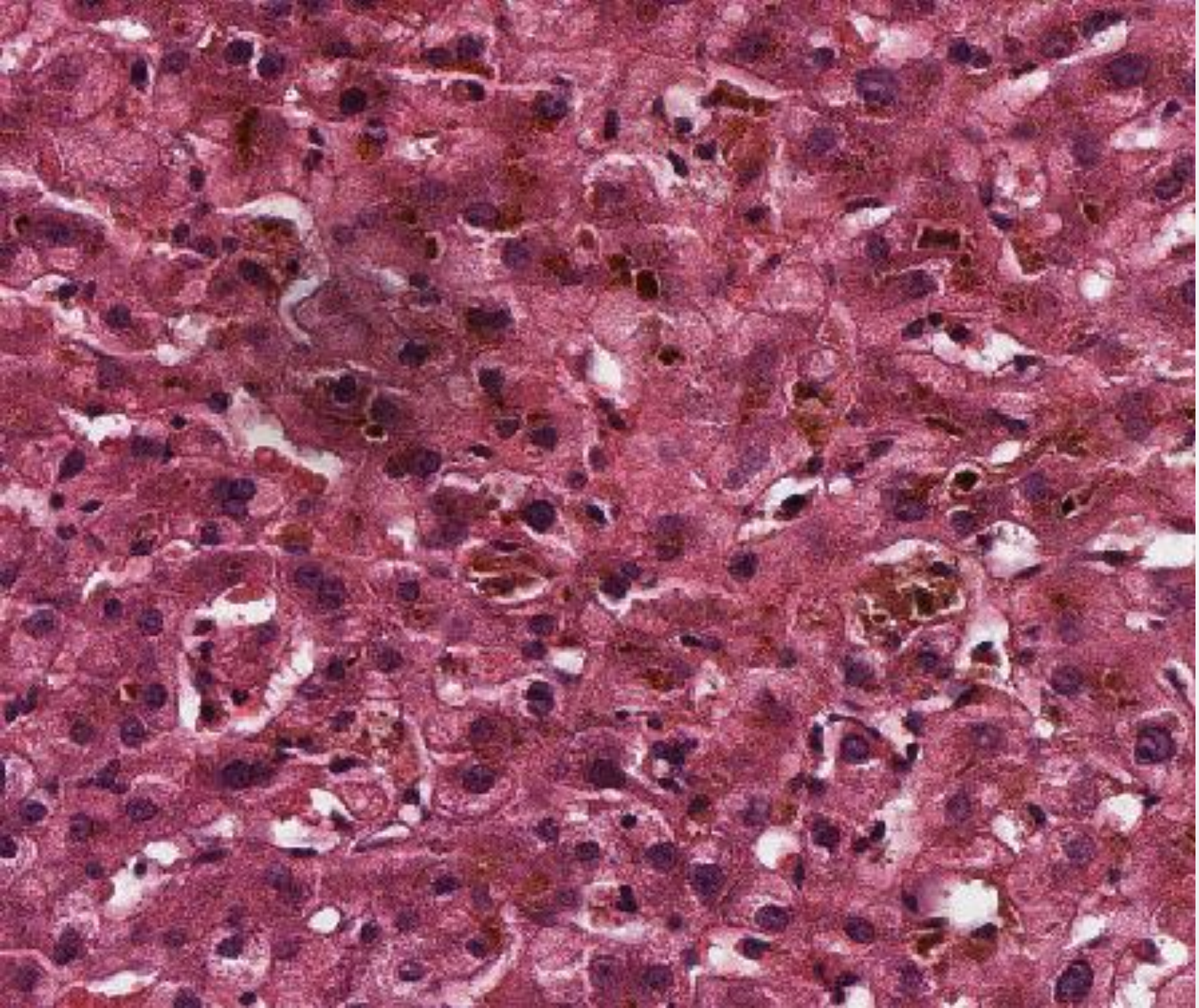
History of recent drug

Case LP4 50M

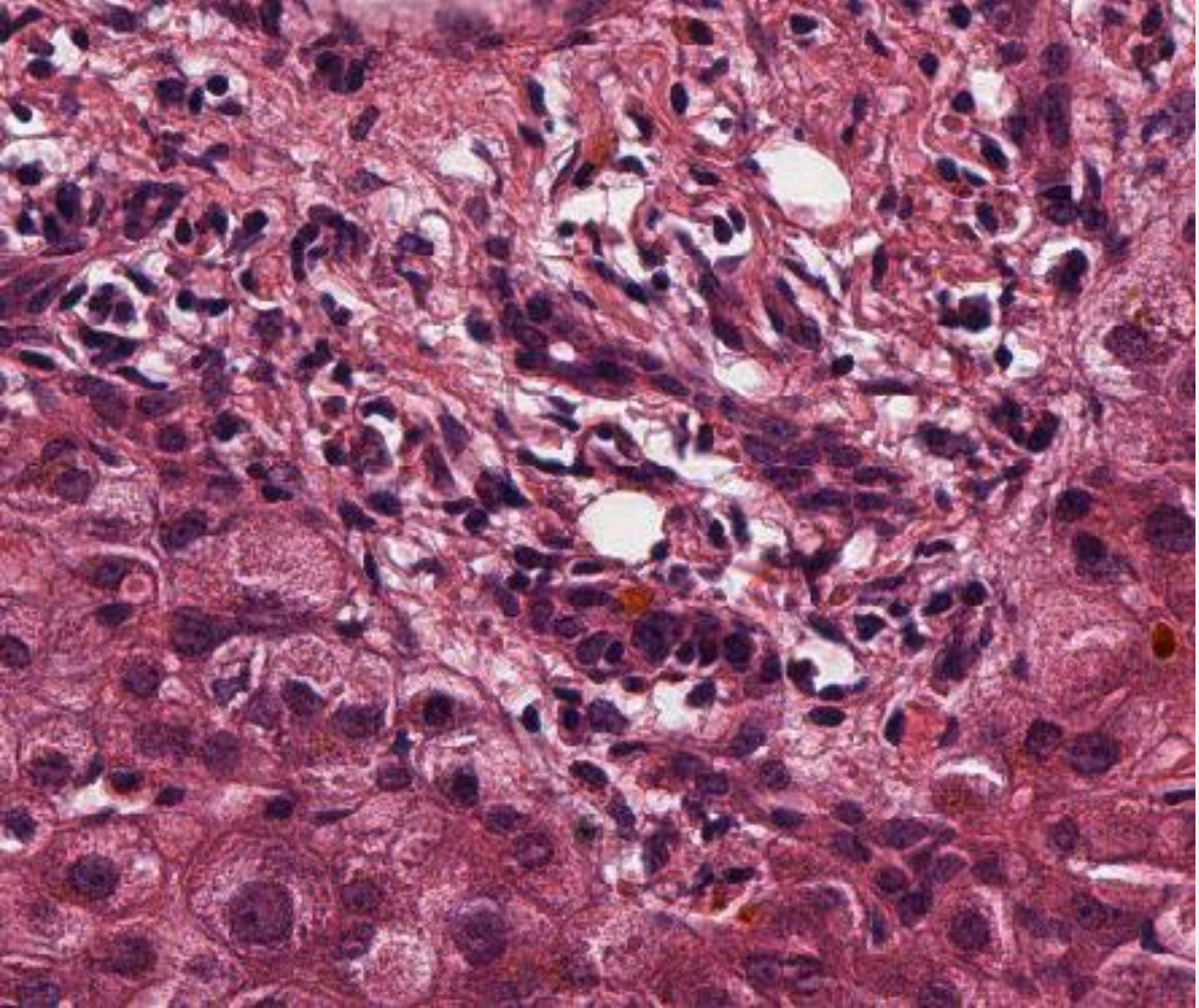
- Fractured right middle finger, given co-amoxiclav. Deranged LFTs Negative NILS. ? drug induced liver injury

Mild portal inflammation Ductular reaction



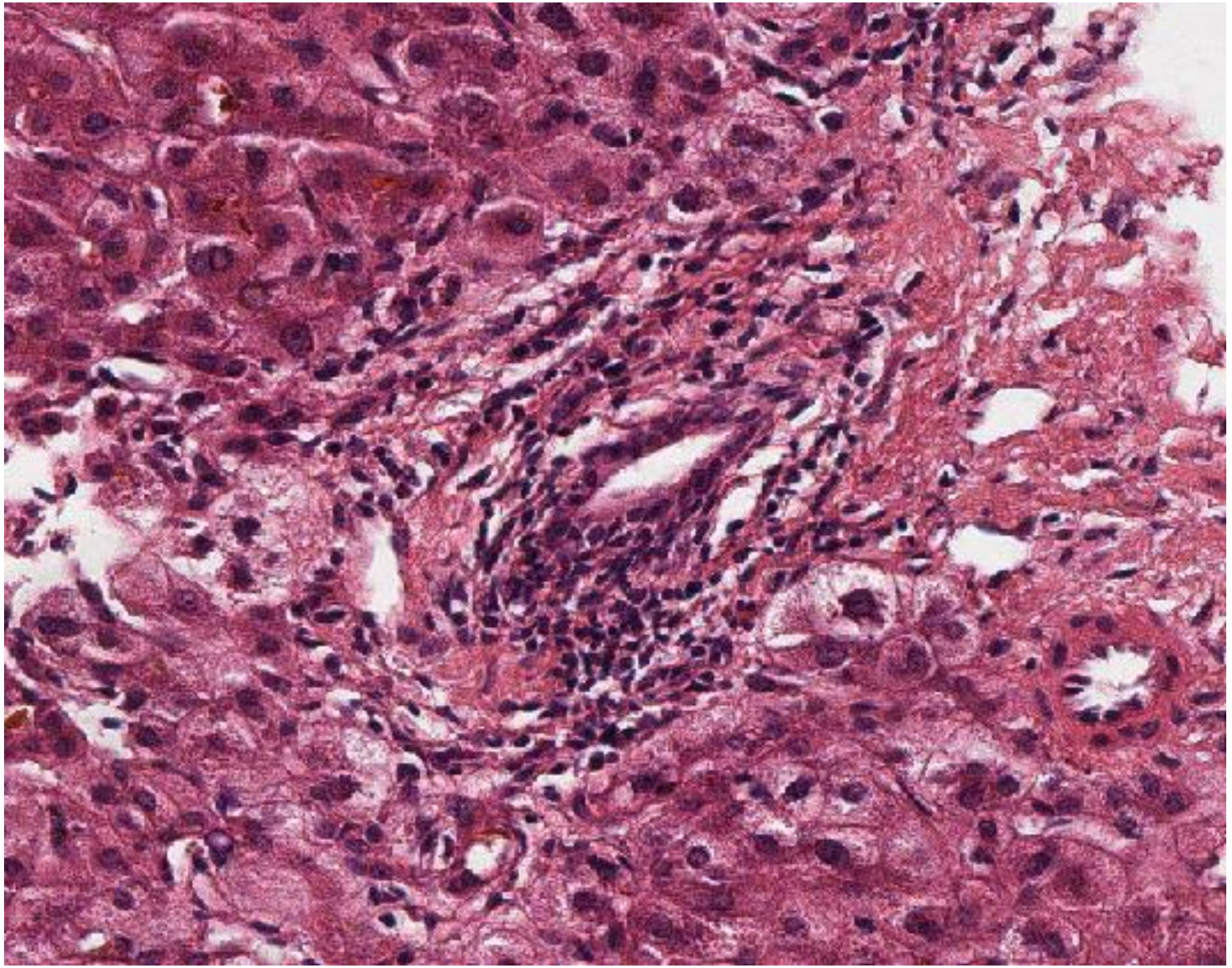


cholestasis



Biliary Interface

Periportal hepatocyte swelling

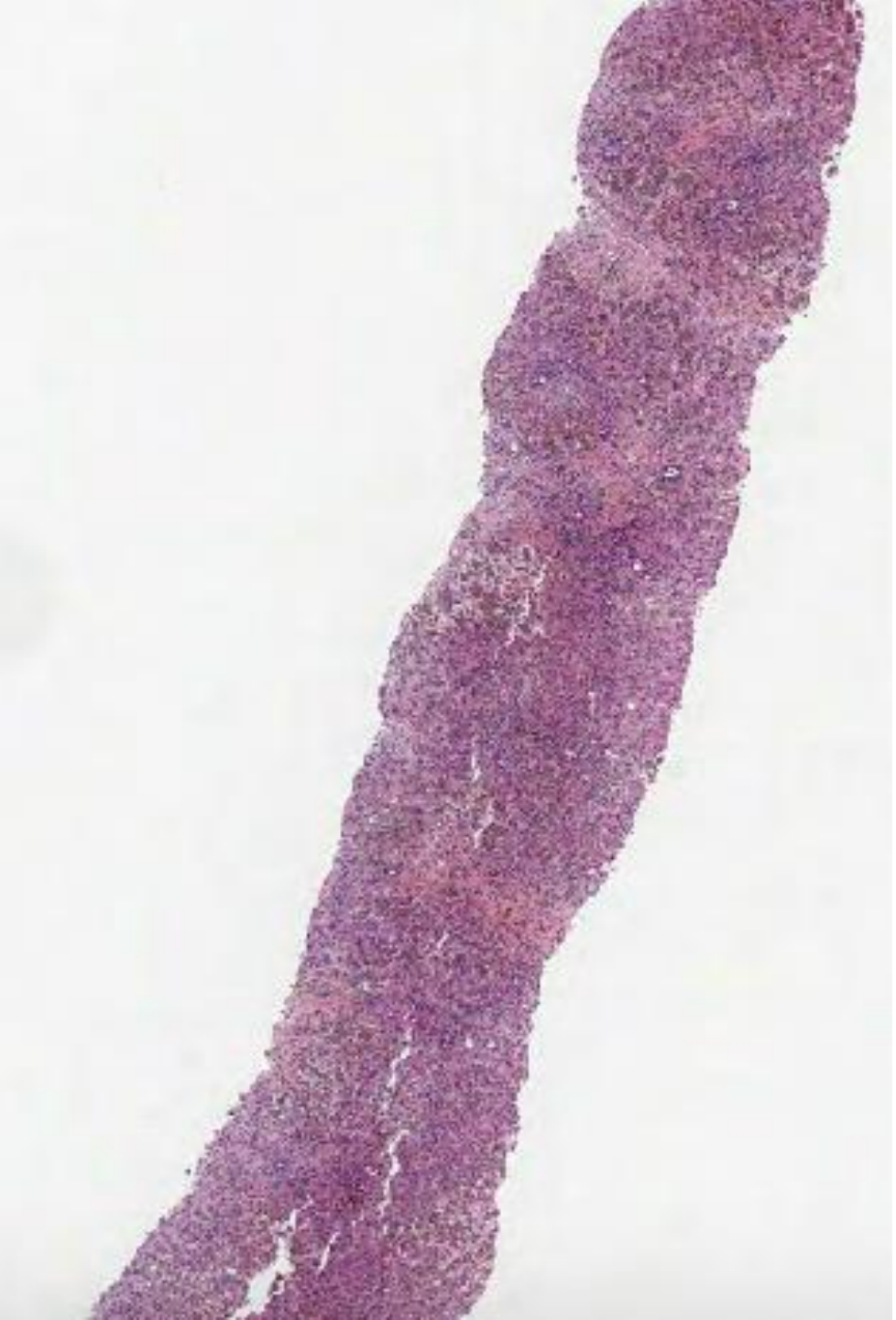


Cholestatic process

Mild inflammatory process portal and lobular

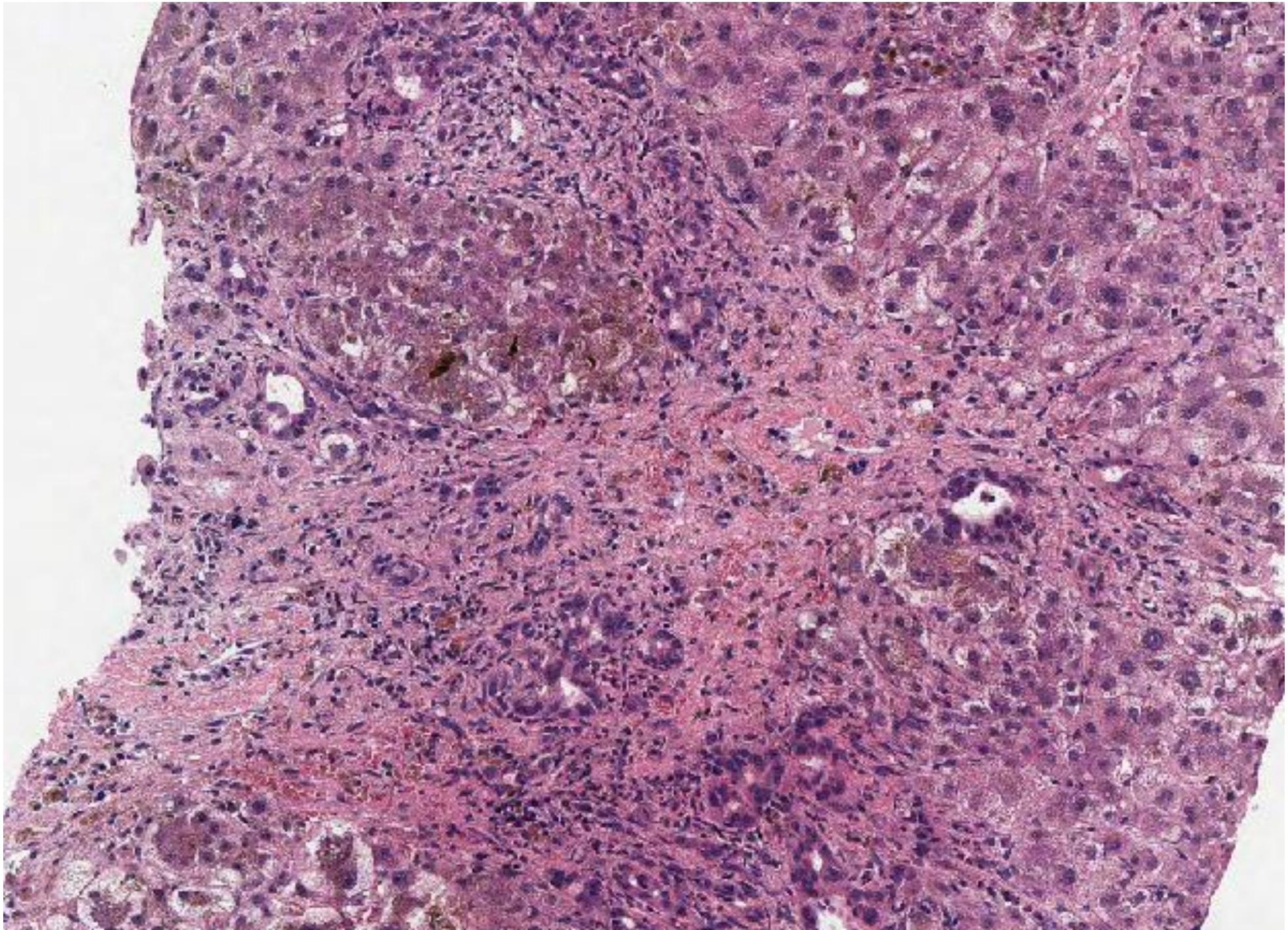
Difficult sometimes to draw the line between bland cholestasis and cholestatic hepatitis – continuum

LBDO can look similar but US/CT usually done prior to biopsy

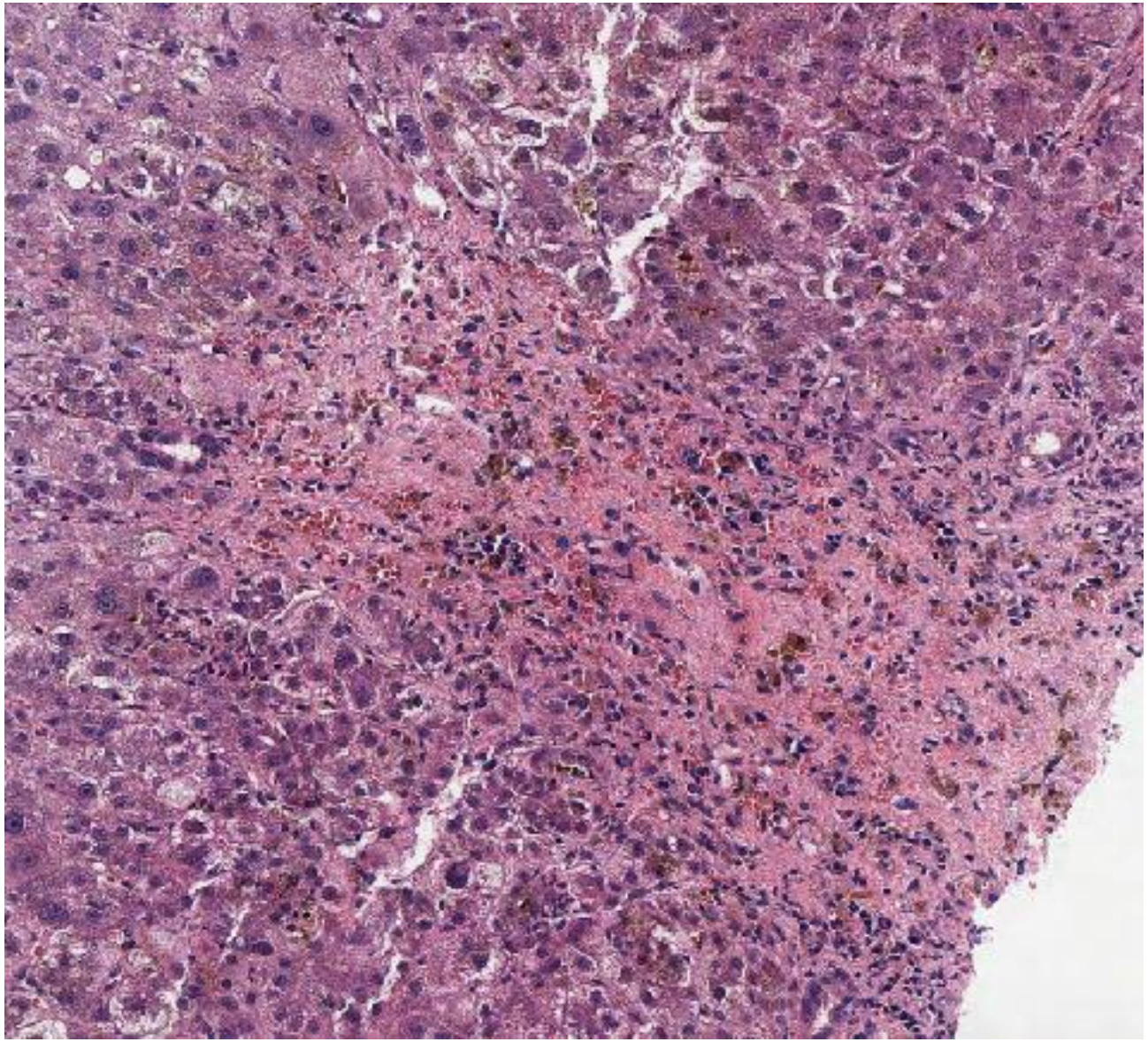


Case LP7 61M

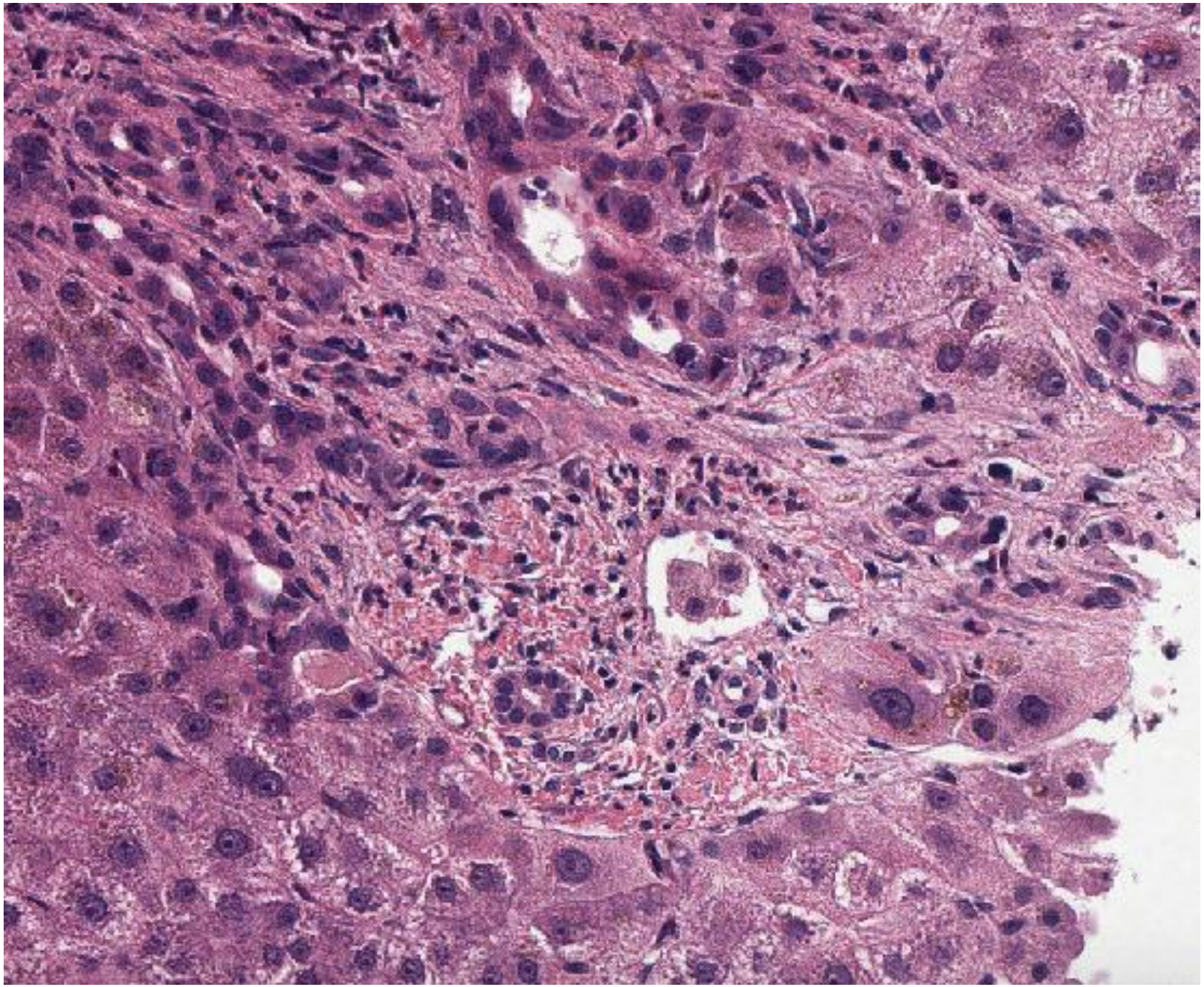
- Paracetamol overdose - liver failure.

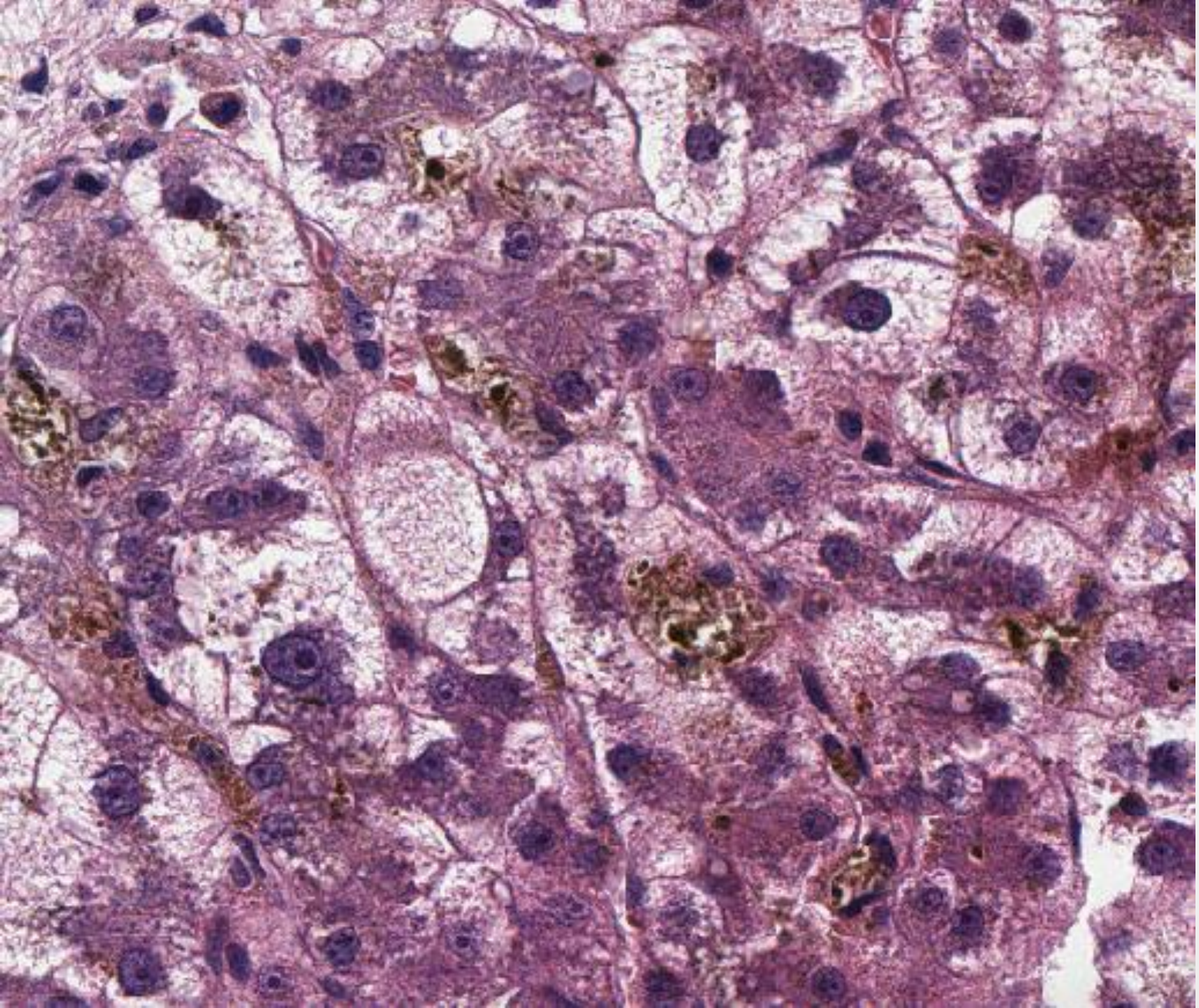


Parenchymal loss



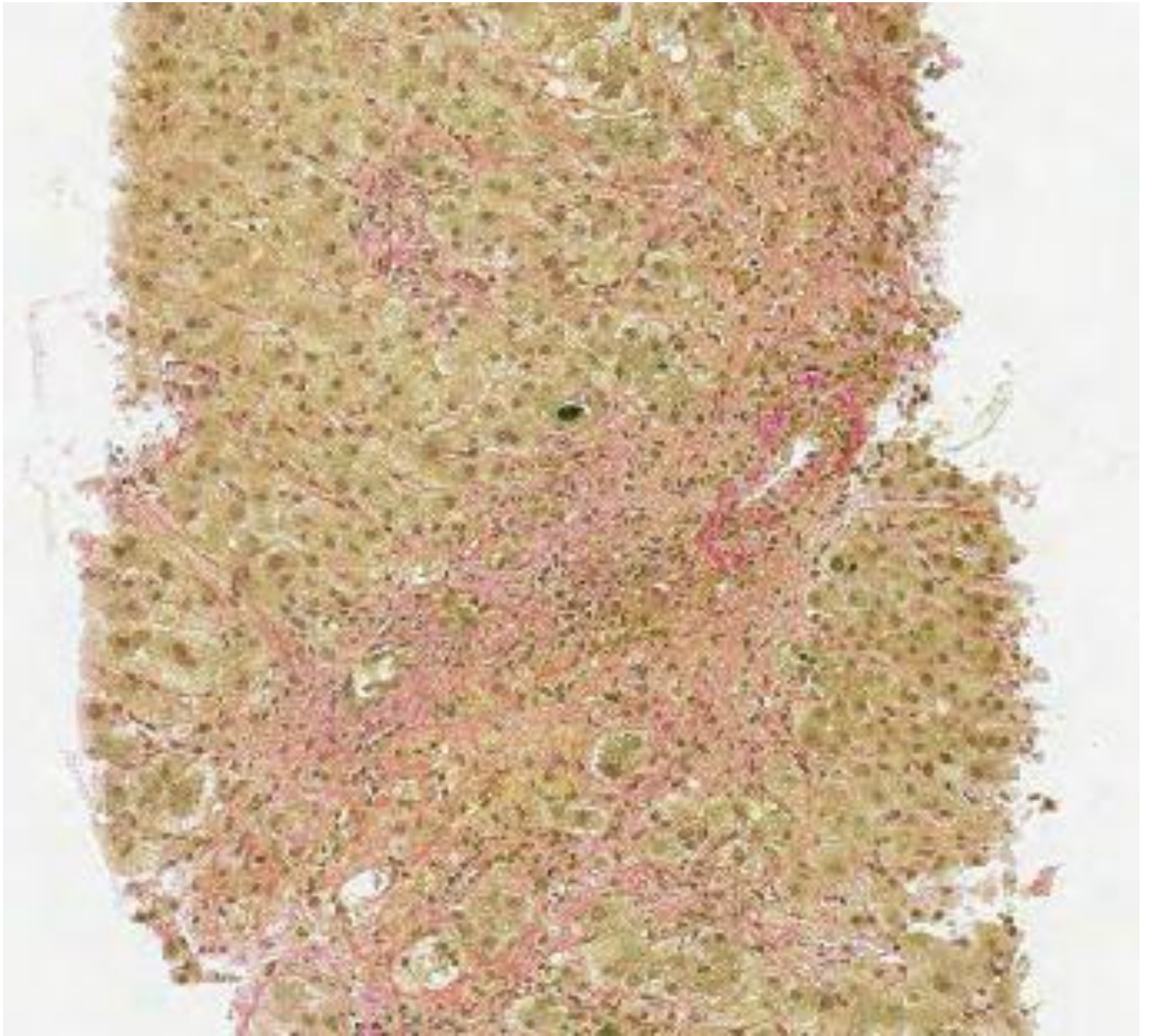
Portal Tract preserved





cholestasis

Collapse



Paracetamol

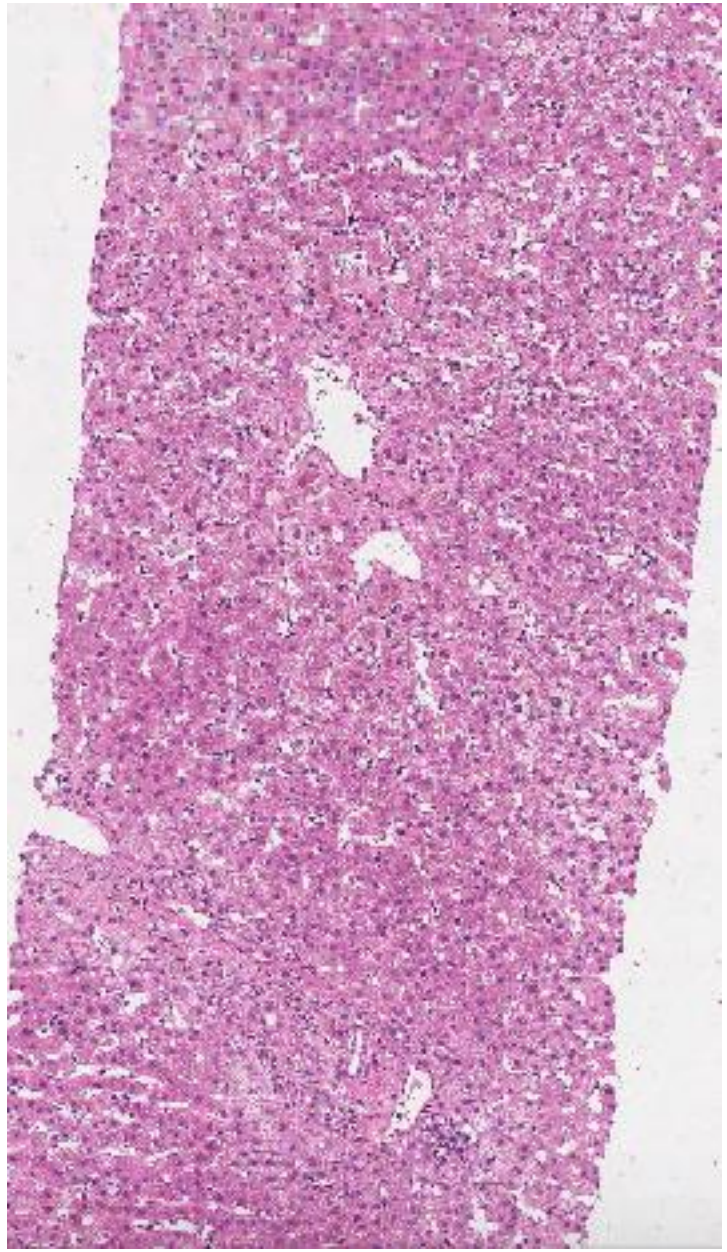
Zone 3 necrosis with little inflammation

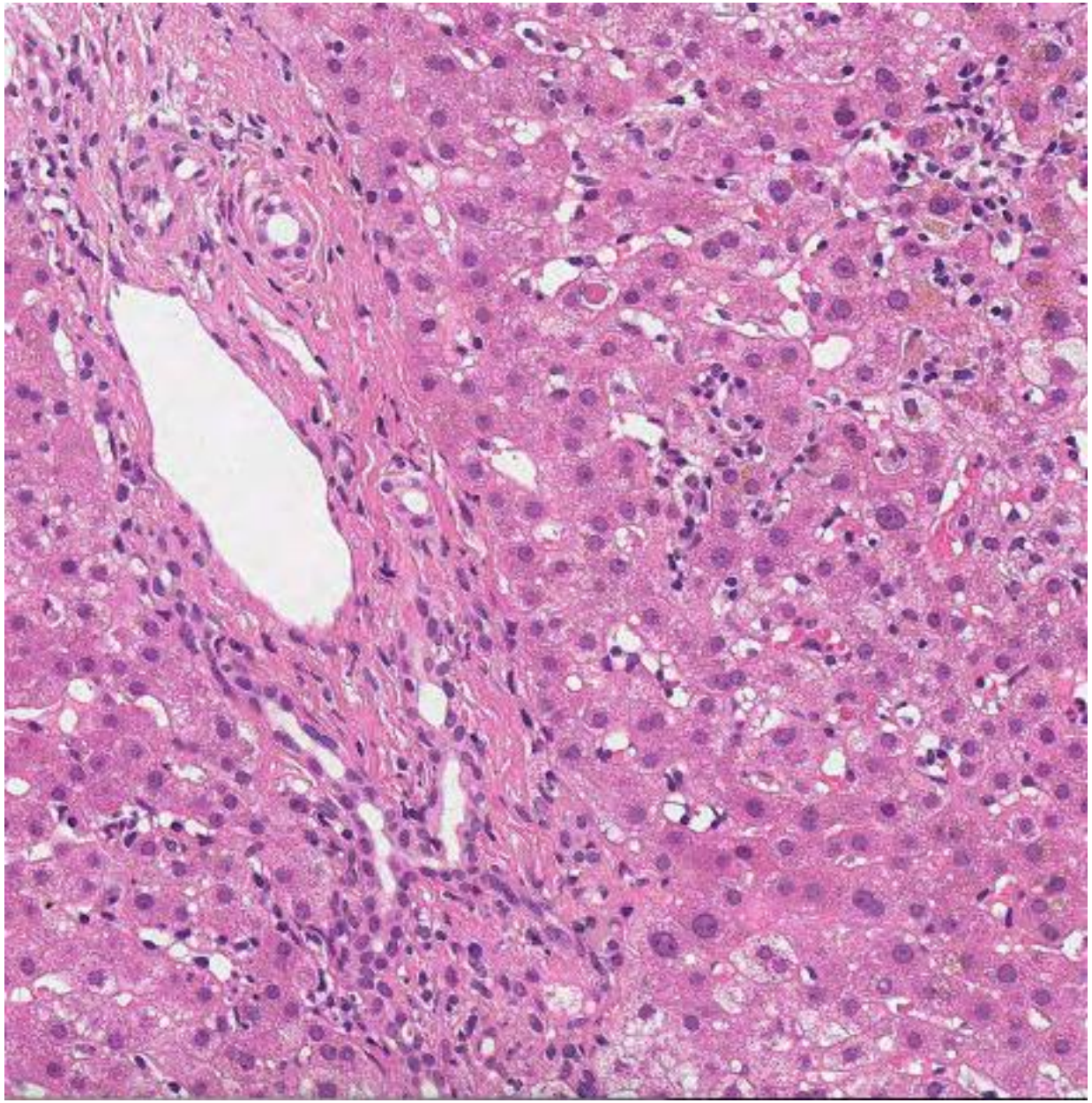
Collapse and ductular reaction

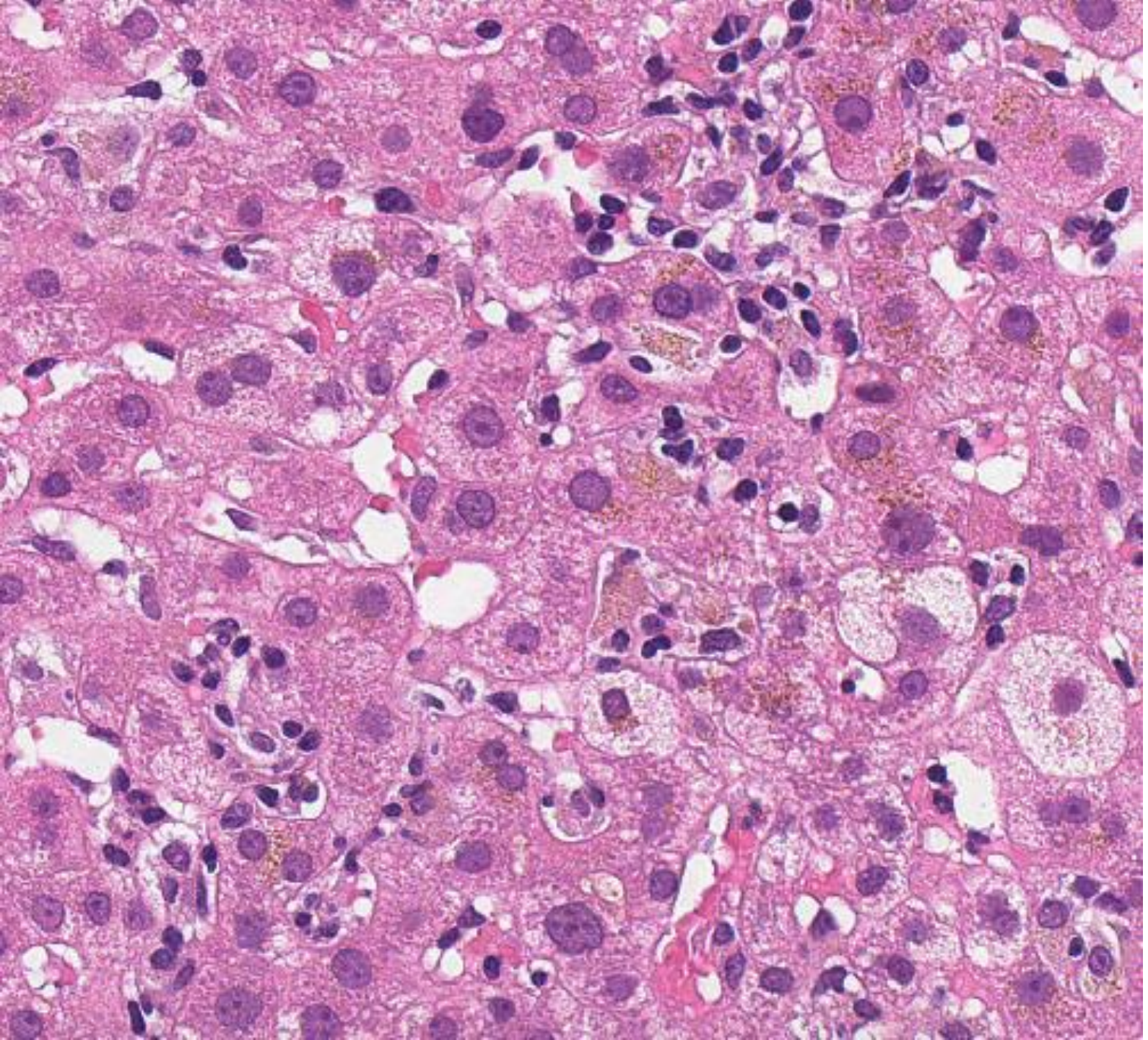
Regeneration or Death/transplant

Case LP9 52F

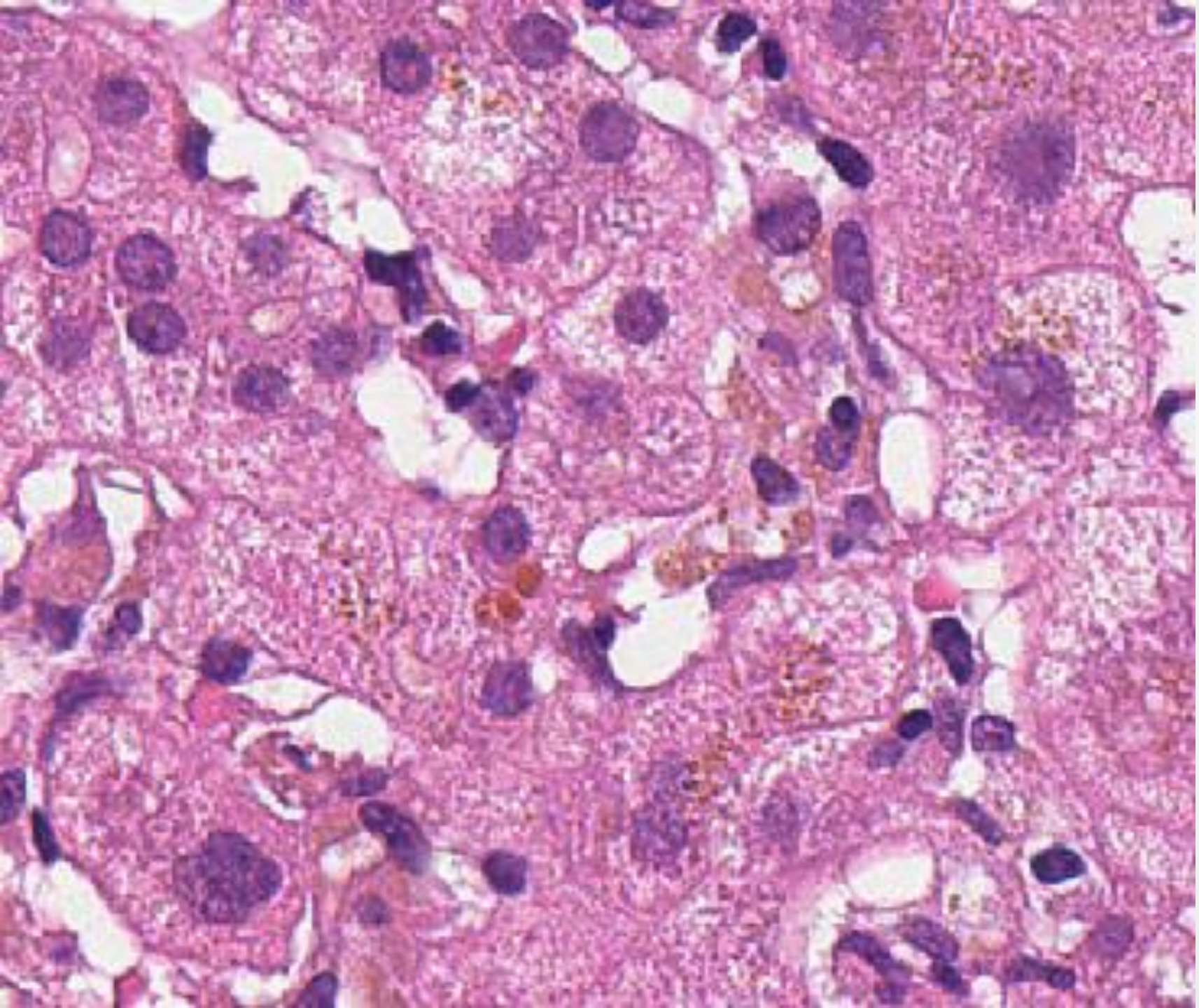
- Jaundice x 1 month. History of clarithromycin over 1 month ago. Drug stopped. Liver function tests now improving. Viral screen negative (HCV,HBV,HIV, EBV). ALT 308; Alkaline phosphatase 144; MRCP normal.







Lobular hepatitis



Focal Cholestasis

Consistent with DILI

Compatible Pattern

Lobular hepatitis/Cholestatic hepatitis

Good history of drug exposure and recovery after cessation

Usual viruses excluded