

# Birmingham – Case 2

## Birmingham Case 2 - Clinical Summary

Liver transplant for HCV cirrhosis (genotype 3) in October 2013.

LFTs persistently abnormal - ?related to recurrent infection

Problems with intermittent nausea and neutropenia, possibly related to Azathioprine toxicity. Also has raised MCV.

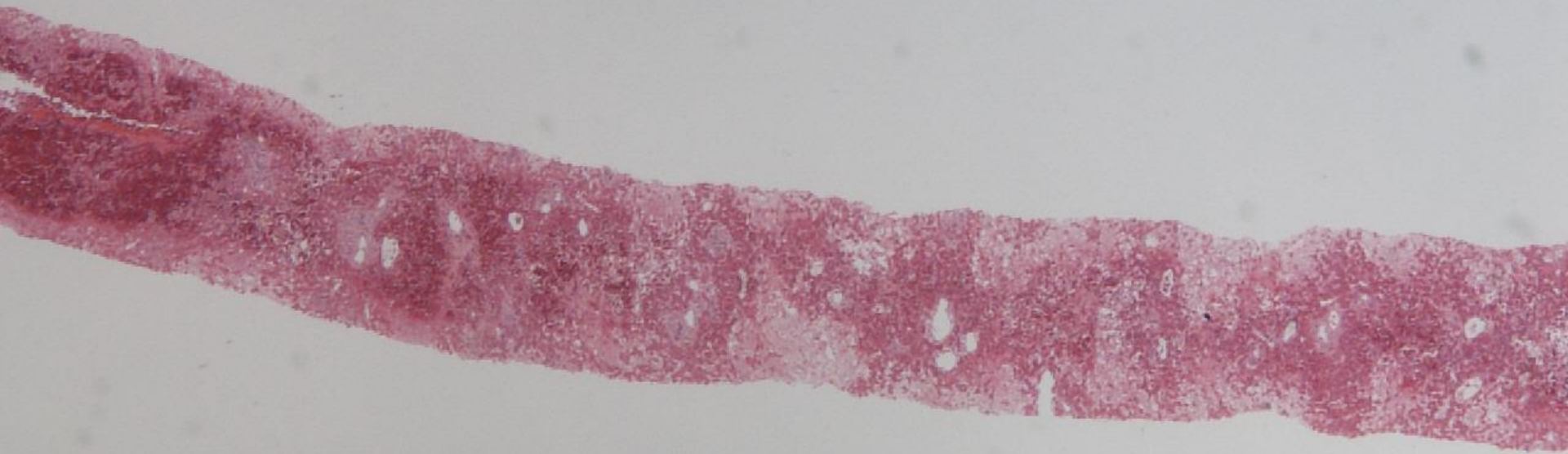
Azathioprine dose initially reduced and now stopped.

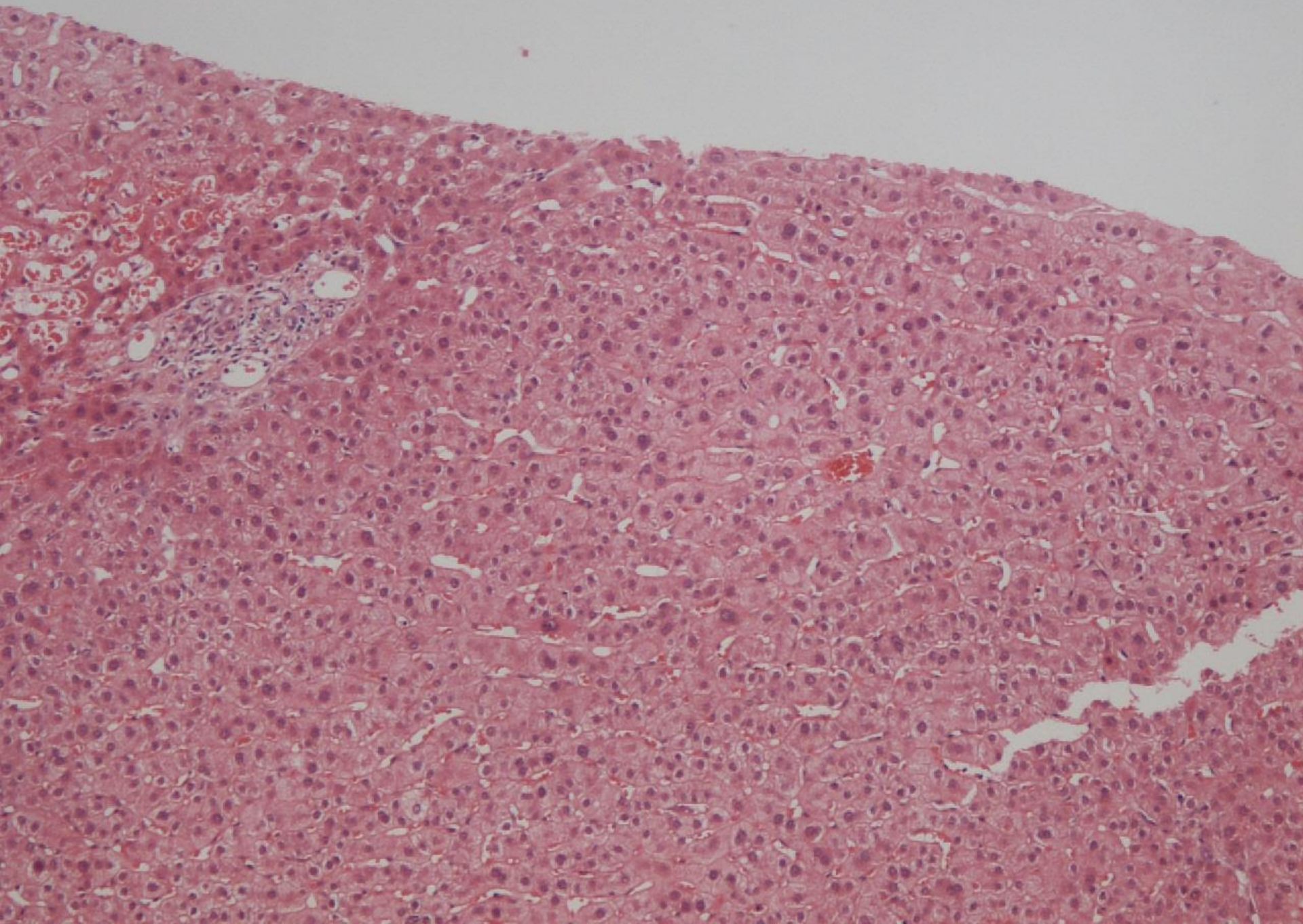
LFTs remain abnormal - ? aggressive HCV recurrence/FCH.

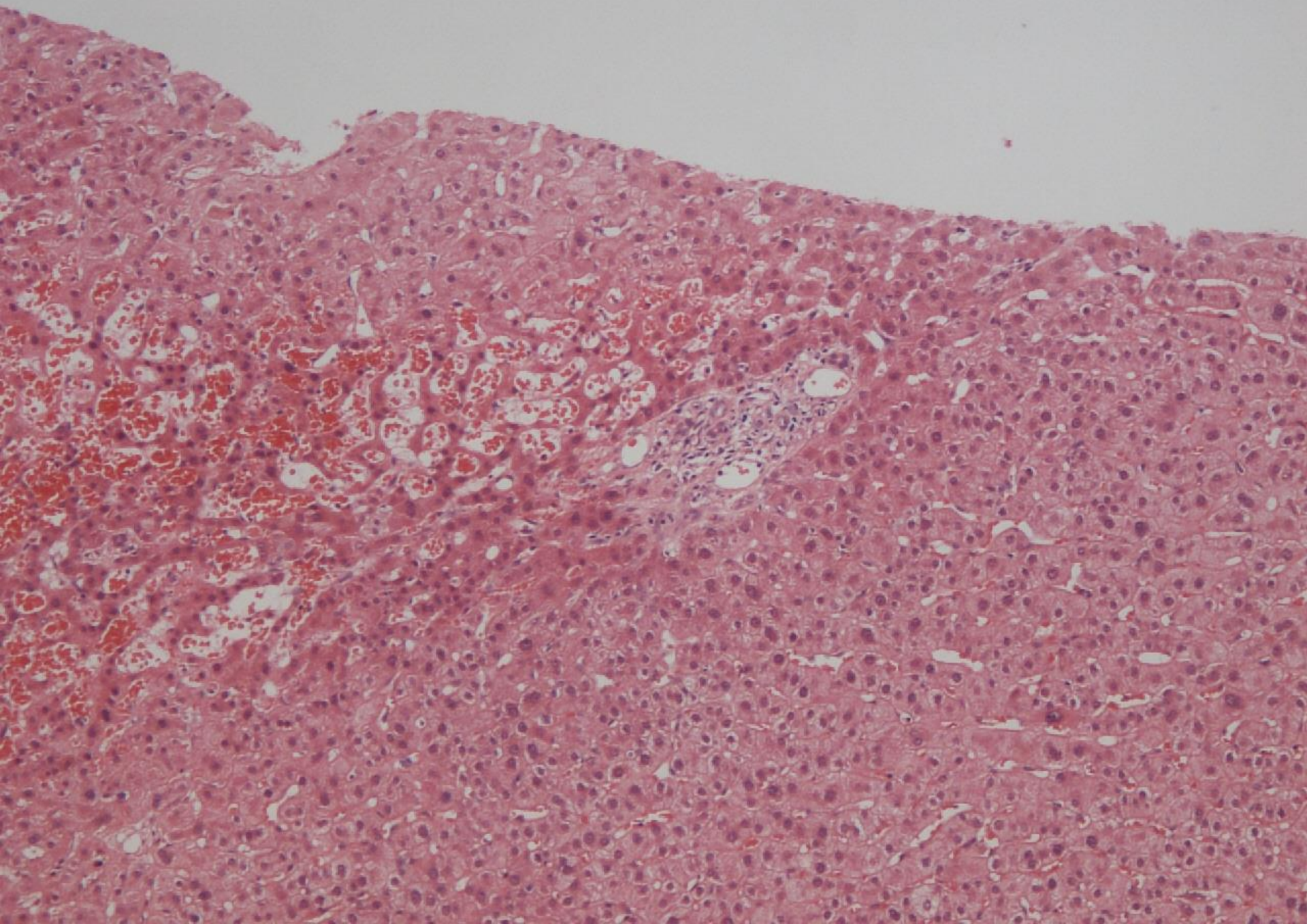
Current LFTs: ALT 77, Alk phos 445, bilirubin 17.

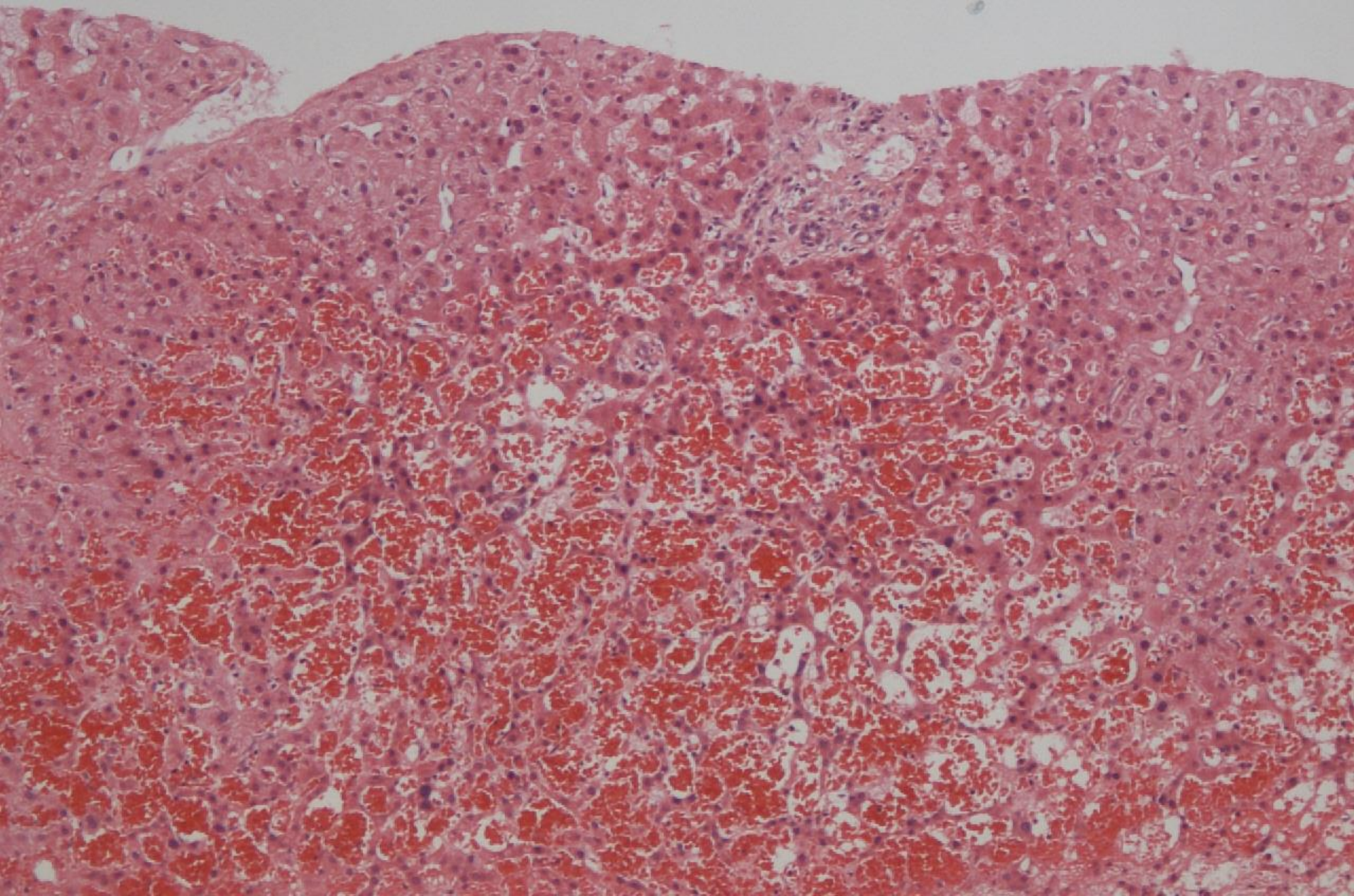
Latest HCV-RNA (04/06/201) – 1.2 million IU/ml

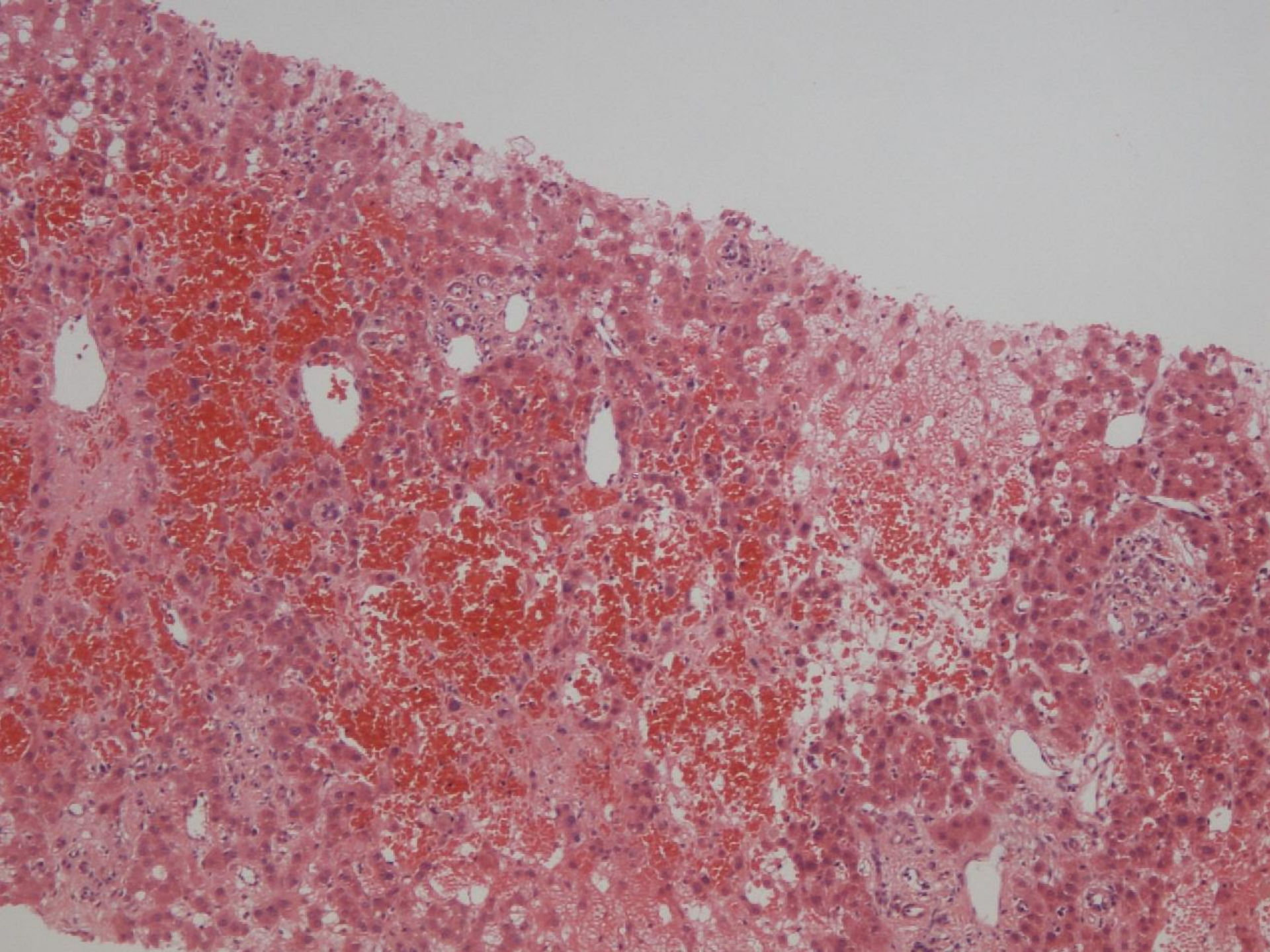
Circulated biopsy obtained in July 2014, 9 months post-transplant

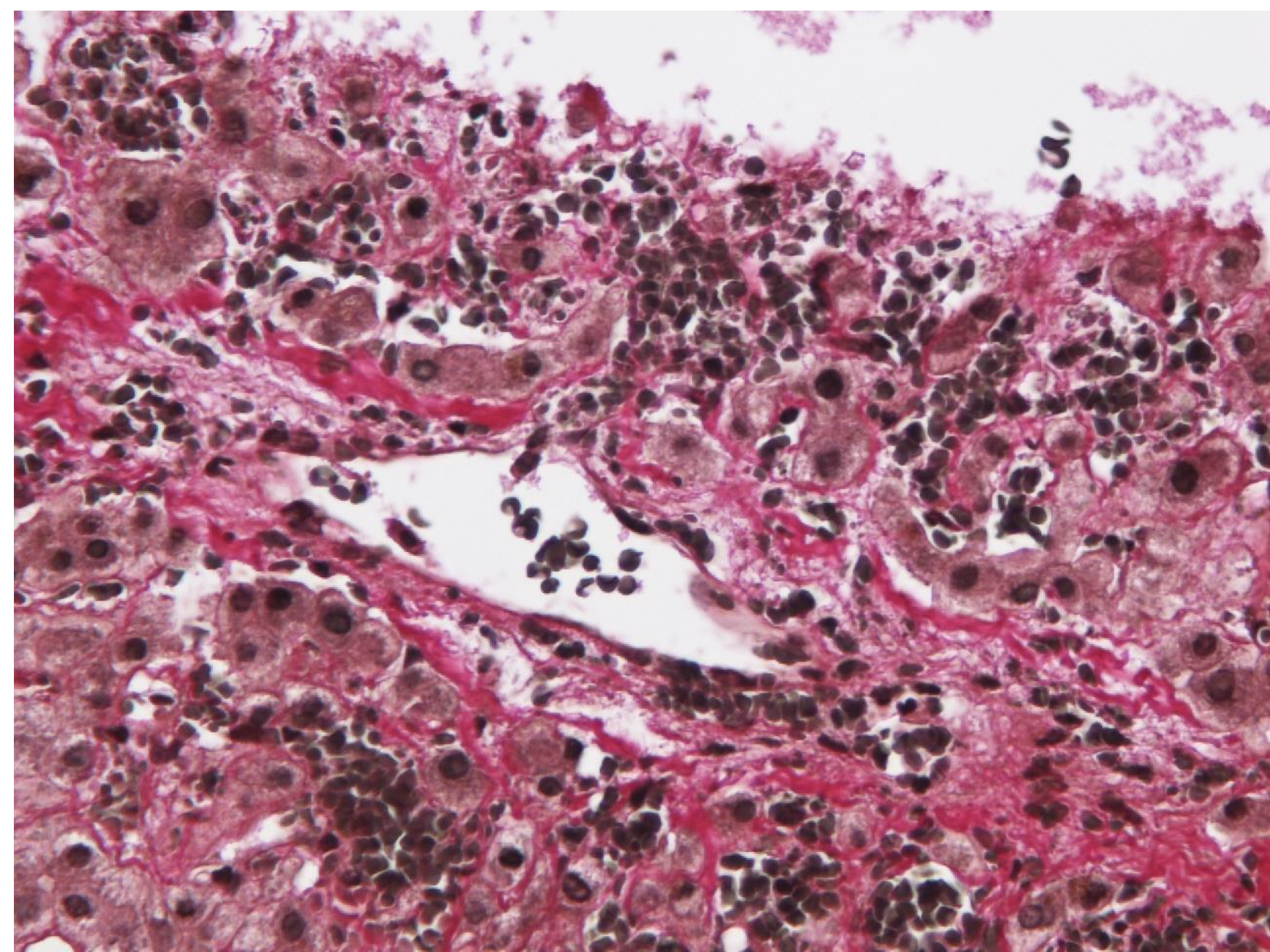


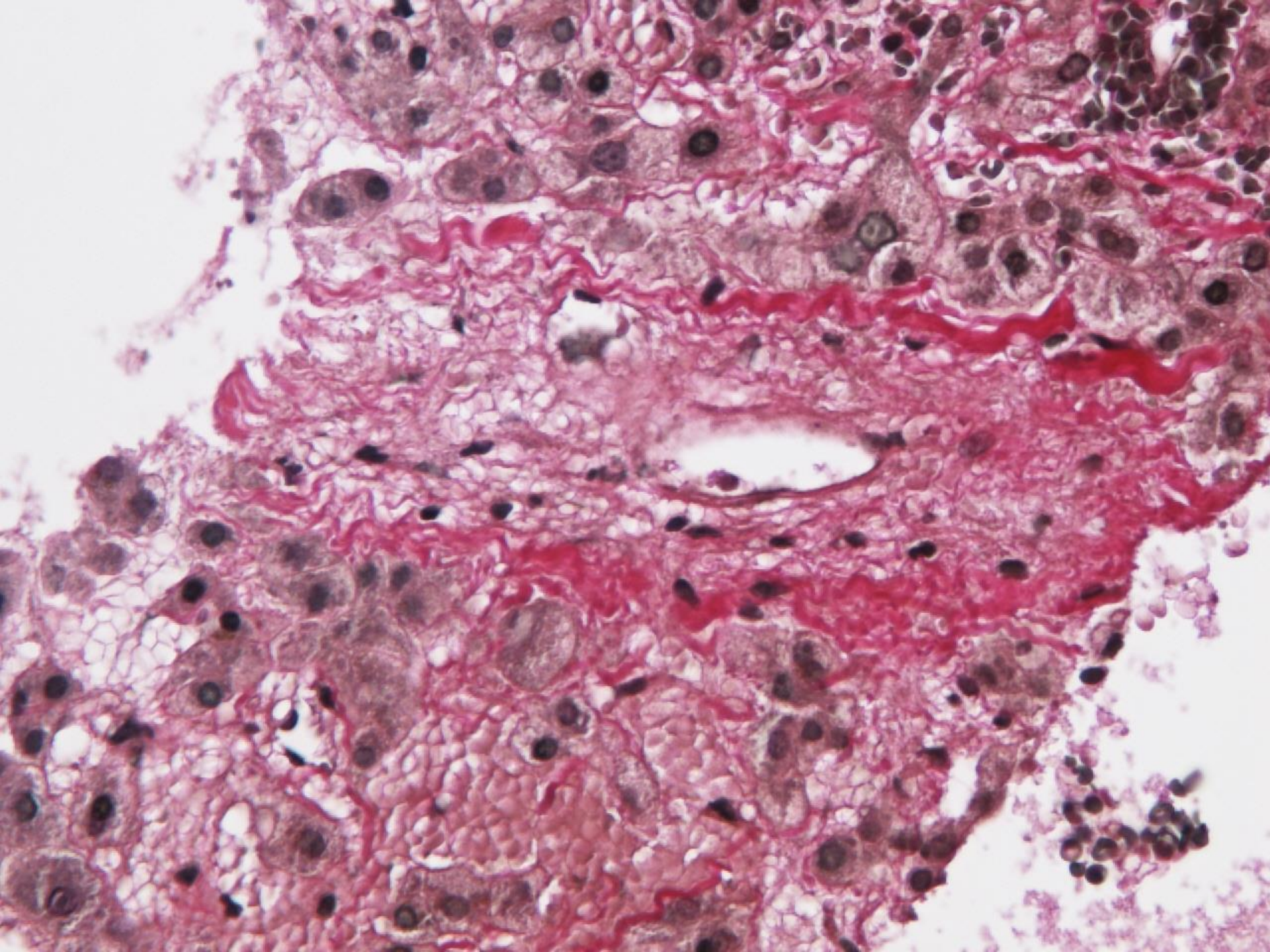


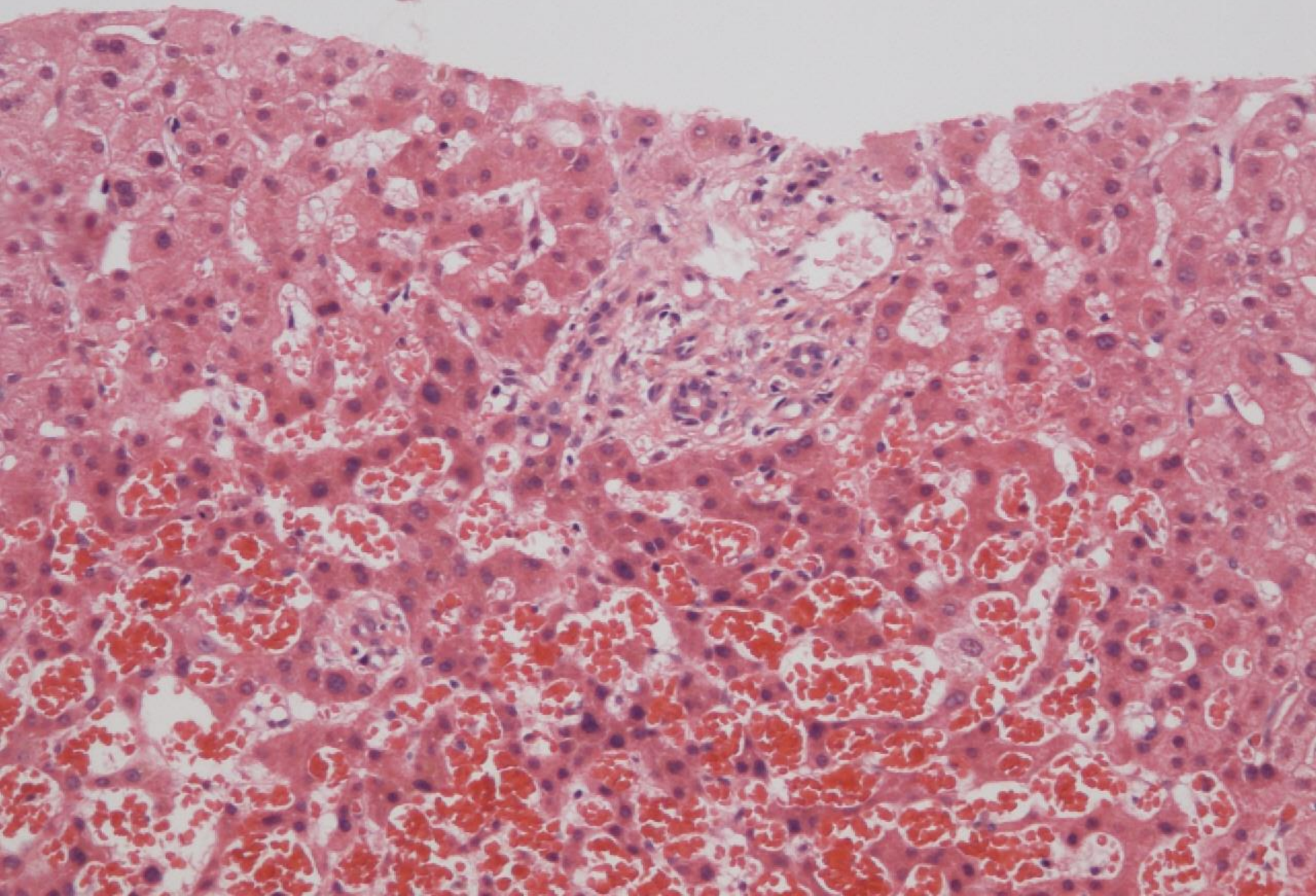


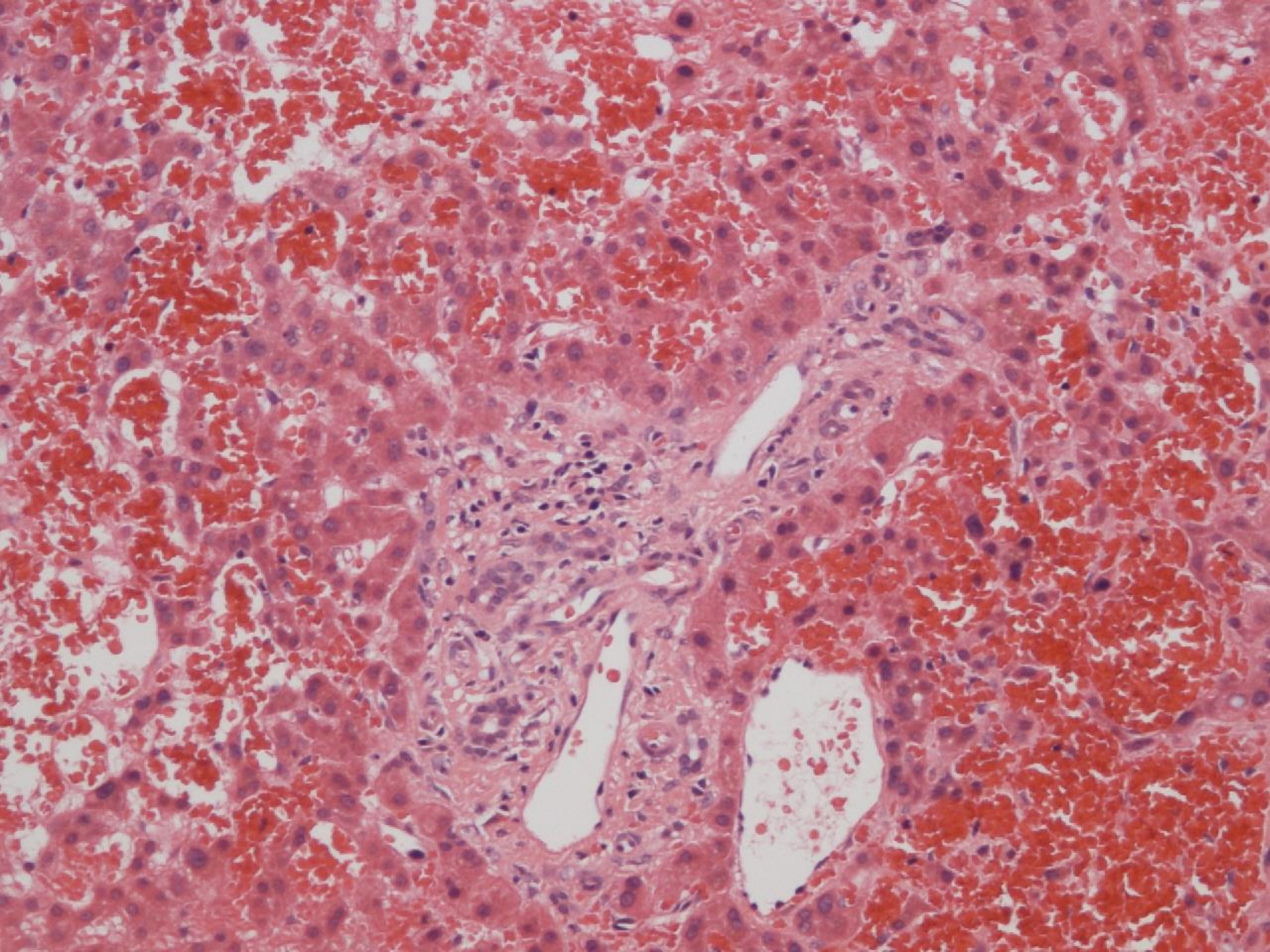












## Birmingham Case 2 - Histological Findings

- Severe congestion with foci of peliosis and hepatocyte dropout
- Occasional hepatic veno-occlusive lesions
- Focal mild portal inflammation and ductular reaction
  - No evidence of acute cellular rejection
  - No features to suggest aggressive recurrent HCV

## Birmingham Case 2 - Diagnosis

### **Differential Diagnosis**

- Sinusoidal obstruction syndrome (azathioprine toxicity)
- Vascular problem (e.g. hepatic venous outflow obstruction)

Overall clinical and pathological features favour diagnosis of sinusoidal obstruction syndrome (veno-occlusive disease) related to azathioprine toxicity.