Autoimmune Hepatitis: Diagnosis and management

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Abstract

Waldenstrom had first described in 1950 a chronic inflammatory liver disease, now termed as autoimmune hepatitis (AIH). AIH is an unresolving inflammation of the liver of unknown cause, characterized by the presence of interface hepatitis, periportal hepatitis, hypergammaglobulinemia, circulating autoantibodies and response to immunosuppressive treatment in majority of the patients. Prednisone alone or at a reduced dose combined with azathioprine is the conventional treatment. Newer therapies with cyclosporine or tacrolimus have been used as salvage therapy in patients with steroid resistance. Lifetime maintenance therapy may be required, especially for patients with type 2 AIH and those who have cirrhosis at presentation. Liver transplantation has been successful in patients who are refractory or intolerant to immunosuppressive therapy and in whom end stage liver disease has developed.

Key words: autoimmune hepatitis, immunosuppressive therapy, cirrhosis, autoantibodies, portal plasma cells.