

BDIAP Liver Slide Seminar, London, November 29, 2008
Diagnosis and Discussion

Name of Speaker

Stefan Hübscher

Final Diagnosis

Acute hepatitis (probably autoimmune)

Main Diagnostic Features

- Portal inflammation (mainly mononuclear with plasma cells)
- Bile ductular reaction
- Spotty lobular inflammation, associated with hepatocyte ballooning, acidophil body formation and lobular disarray
- Small foci of confluent necrosis
- Bilirubinostasis (mild)

Differential Diagnosis (and related discussion points)

The other main causes of acute hepatitis are viral agents (mainly hepatitis viruses, rarely others) and drugs. Distinguishing between the various causes of acute hepatitis is difficult on histological grounds alone and correlation with clinical features and results of other investigations is thus required. The presence of a plasma cell rich infiltrate in the case presented here would support a diagnosis of autoimmune hepatitis (AIH), but this can also be seen in other forms of acute hepatitis (e.g. hepatitis A).

Up to 40% of patients with AIH have an acute presentation. Most cases probably represent an acute flare of underlying chronic AIH and are associated with varying degrees of fibrosis or cirrhosis. A smaller proportion of cases have features of “pure” acute hepatitis. Liver biopsy is helpful in identifying the presence and severity of any underlying chronic liver disease in this setting. Connective tissue stains in the case presented here show no evidence of longstanding fibrosis or cirrhosis, supporting a diagnosis of acute hepatitis.

Assessing the pattern and severity of necro-inflammation has implications for prognosis and treatment in AIH. Portal inflammation and interface hepatitis generally respond well to immunosuppression, although persistence of portal and periportal inflammation after treatment is associated with progression to fibrosis. By contrast, the presence of severe lobular inflammatory activity (bridging/panacinar necrosis) is associated with a poor response to immunosuppression and an increased risk of progression to fibrosis or cirrhosis. Not surprisingly, the presence of cirrhosis at the time of presentation is also associated with a poor outcome.