

# GI<sup>UT</sup> N<sup>STINCTS</sup>

## AUTOIMMUNE HEPATITIS

1. AIH is a chronic inflammation of the liver, characterized by circulating auto-antibodies, hypergammaglobulinemia, and histologic changes, and can occur in children and adults of all ages.
2. Serologic abnormalities include elevated aminotransferase levels, elevated serum gamma globulin levels, and auto-antibodies such as ANAs, SMAs, and anti-LKM1s. Newer auto-antibodies such as anti-ASGPR, anti-LC1, anti-SLA/LP, anti-actin, or pANCA can help support a probable diagnosis if other conventional markers are negative.
3. Characteristic histologic changes in AIH consist of periportal hepatitis with lymphocytic infiltrates, plasma cells, and piecemeal necrosis, which can progress to bridging necrosis and panlobular necrosis.
4. Treatment includes corticosteroids, or corticosteroids in conjunction with steroid-sparing therapy such as azathioprine or 6-MP. Combination doses of corticosteroids and azathioprine/6-MP may reduce the corticosteroid-related side effects.
5. Remission is the resolution of symptoms, normalization of serologies, and improvement on repeat liver histology. Serologic improvement can be seen within 2 weeks of therapy; however, histologic improvement may take up to 3 to 6 months. A fixed dose of daily maintenance medication should be used until remission is achieved.