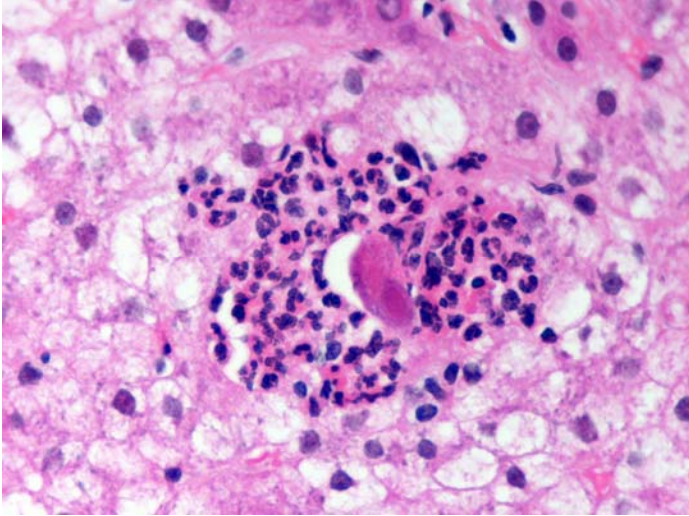


A 52 year old female is 6 weeks status post orthotopic liver transplantation for hepatitis C. She has been noted to have low-grade fevers for several days, with steadily rising transaminases. Ultrasound imaging of the liver including doppler studies are normal. A liver biopsy is performed



Which if the following is the most likely diagnosis?

- a. CMV hepatitis
- b. Herpes hepatitis
- c. Acute cellular rejection
- d. Recurrent hepatitis C
- e. Drug toxicity

ANSWER: A

In the patient status-post liver transplantation with a rise in liver biochemistries, entities to consider include rejection, CMV infection, recurrence of the primary liver disease, or drug toxicity. This liver biopsy reveals clustered neutrophils resembling microabscesses surrounding a large nuclear or cytoplasmic inclusion, indicative of CMV infection. Unlike herpes hepatitis, there tends to be little necrosis. The features of acute cellular rejection include a portal-based infiltrate with bile duct damage and endothelial inflammation. Recurrent hepatitis C can resemble acute rejection, and will tend to show focal areas of necrosis with acidophil bodies, lymphoid aggregates and bile duct damage. Drug toxicity may show various forms of histologic damage in the liver, but not tend to show the representative biopsy that is shown here.