

## Question 2 – Week of December 12

All of the following patient groups with autoimmune hepatitis should have a cholangiogram to exclude primary sclerosing cholangitis EXCEPT:

- A. All adults with autoimmune hepatitis and inflammatory bowel disease
- B. All children with autoimmune hepatitis
- C. Adults with autoimmune hepatitis and a positive antimitochondrial antibody
- D. Adults who do not respond to corticosteroid therapy after 3 months

**Answer: C**

Concurrent immune diseases can be common in patients with autoimmune hepatitis, especially cholestatic diseases. In adults with both AIH and IBD, contrast cholangiography showing bile duct changes consistent with PSC are present in 44%. In contrast, adults with AIH but without IBD, cholangiography reveals changes of PSC in only 8%. In a prospective pediatric study, 50% of pediatric patients with clinical, serological and histological characteristics of AIH type 1 had bile duct abnormalities compatible with early sclerosing cholangitis on cholangiogram. Those patients diagnosed with AIH who fail to respond to corticosteroid therapy after 3 months should undergo cholangiographic evaluation to rule out a possible overlap syndrome with cholestatic immune diseases such as PSC. A positive antimitochondrial antibody would suggest a possible overlap between AIH and primary biliary cirrhosis rather than PSC. Manns MP, et al. *Hepatology* 2010; 51: 2193-2213