

# 3<sup>rd</sup> International Conference and Exhibition on Clinical & Cellular Immunology

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## Autoimmune hepatitis: Evolution/development and treatment

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**Introduction:** Autoimmune hepatitis and overlap syndromes are poorly defined and require individualized therapies.

**Purpose:** Comparative analysis of the types of autoimmune hepatitis in order to determine prognosis and optimal therapy selection.

**Material and Methods:** The study was performed on 33 cases using revised diagnostic criteria of the International Group Study (2005, 2007).

**Results:** Distribution was: 58% autoimmune hepatitis, 42% overlap syndromes. One case was acute, severe onset. Associated diseases were represented by: autoimmune hemolytic anemia, autoimmune thyroiditis, renal impairment and diabetes mellitus. A positive HCV-RNA associated with anti-LKM antibodies was noted in 4 cases. Immunophenotyping revealed a ratio Th/Ts=4.8. HLA profile was A1, A3, B35, BW4, BW6, DR4, DR10, DR53, DQ1, DP3. The overlap syndromes of autoimmune hepatitis/primary biliary cirrhosis were treated with ursodeoxycholic acid in combination with immunosuppressant medication (Imuran, Cellcept), with very encouraging results.

**Conclusions:** Autoimmune hepatitis type I was predominant and the overlap syndrome of AIH/HCV. Overlap syndromes respond favorably to immunosuppressive therapy in combination with ursodeoxycholic acid. Extrahepatic manifestations are more important and more severe for atypical forms with renal impairment that may lead to CKD.

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## Autoimmune co-morbidities of HCV infection: From case reports to the experience of a single center and literature review

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HCV infection is associated with several autoimmune co-morbidities such as cryoglobulinaemia, or even malignant pathologies, for example lymphomas. Many HCV patients have circulating autoantibodies. For example, 70% of patients with hepatitis C have circulating rheumatoid factor. Approximately one third have cryoglobulins, and anywhere from 13% to 21% have low-titer or high-titer antinuclear antibodies (ANA). A slightly lower percentage have smooth muscle antibodies—about 5% have antibodies to liver or kidney microsomes—and about 7% have antithyroid antibodies. A direct relationship between systemic lupus (SLE) and HCV infection has been described. There may be a possible causal link between HCV and SLE: there is a high prevalence of HCV infection in SLE patients and a higher prevalence of liver involvement in HCV-positive patients with SLE. Constant immune proliferation and clonal expansion of B cells driven by hepatitis C can at times transfer or progress to B-cell lymphoma. In HCV patients, B cell non-Hodgkin lymphoma may evolve either related to mixed cryoglobulinaemia type II or in patients without cryoglobulinaemia. This talk aims to draw the attention towards the importance of correct and complete evaluation of HCV patients in respect to such co-morbidities. The author will discuss three cases of HCV infection associated with different pathologies (cryoglobulinaemia, SLE, B cell lymphoma), study their diagnosis, evolution and prognosis from the clinical and paraclinical point of views and review the literature data.

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