

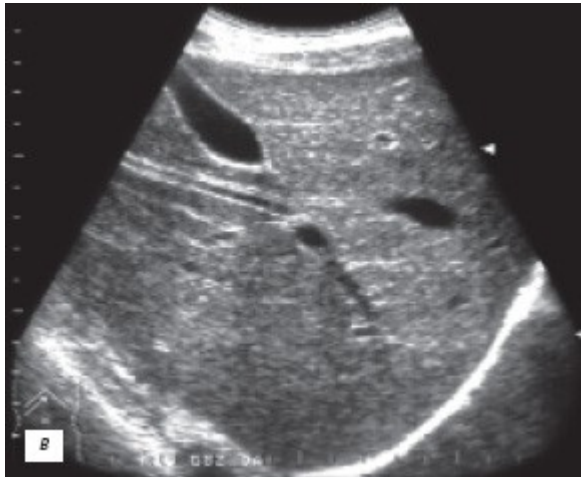
Clinical case

- 18 yrs old Russian male. BMI= 22,4 kg/m²
- No history of any serious diseases, traumas or surgical interventions, drugs or alcohol abusing
- Examined by general practitioner due to fatigue and loss of concentration which make a problem for the study at the university.
- There were no significant clinical signs but routine check revealed unexpectedly high ALT and AST levels, low platelets count, and the patient was directed to specialist.

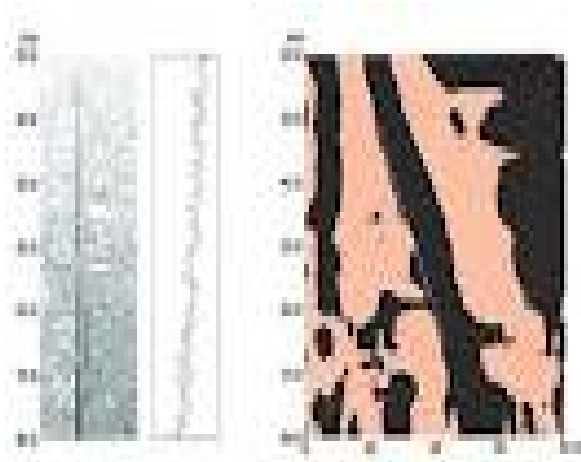
Clinical case (09.2009)

- ALT – 1200 IU/ml (N=10-40)
- AST – 920 IU/ml (N=10-40)
- Total Bilirubin 2,5 ULN
- GTP = 3,5 ULN
- AP= 2 ULN
- Hb – 162 g/l, Tr – **69x109/l**, L – 6,1x109/l
- Anti-HAV-negative,
- HBsAg,HBV-DNA - negative
- anti-HCV, HCV-RNA – negative

Abdominal US/Elastography



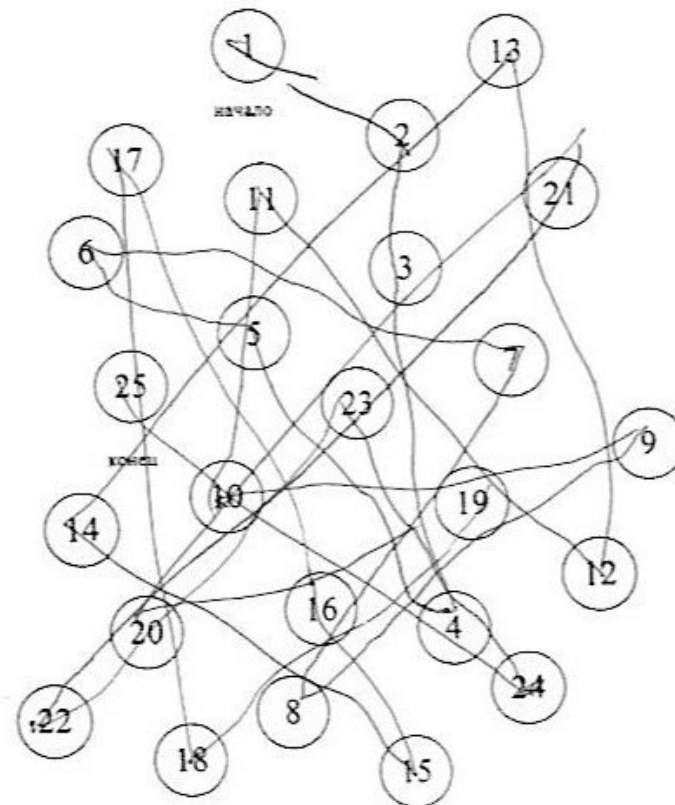
Liver: left lobe—**7,2** cm, right lobe **15,0** cm,, v.portae **13** mm.
Spleen size: **13,1x7,3** cm, surface **85** cm². v.lienalis — 1,1 cm.



Liver stiffness was 59,8 kPa (IQR =3,5)

Number connection test

Result - 35 sec.
Grade 0-1



Coagulation

	INR	PI	fibrinogen	PA
	0,8 – 1,06	155 – 64%	200 – 450 mg%	12,0 – 15,0
09.2009	1,66	50	211	23,6

09.2009

Proteinogramm immunoglobulins	&	result	Reference level
Ig G (g/l)		43.2	7.0-16.0
Ig M (g/l)		1.1	0.4-2.3
Ig A (g/l)		4.3	0.7-4.0
Albumin		50,89%	55.80%-65.00%
alpha1		2,2%	2,2 – 4,6%
alpha2		6,01%	8,2 – 12,5%
betta		9,32%	7,2 – 14,2%).
gamma		31,58%	11.50%-18.60%

Autoantibodies (EIA, blotting)

- ANA – negative
- AMA-M2 – negative
- SMA - negative
- SLA/LP – positive
- LC-1 – positive
- LKM-1 -negative

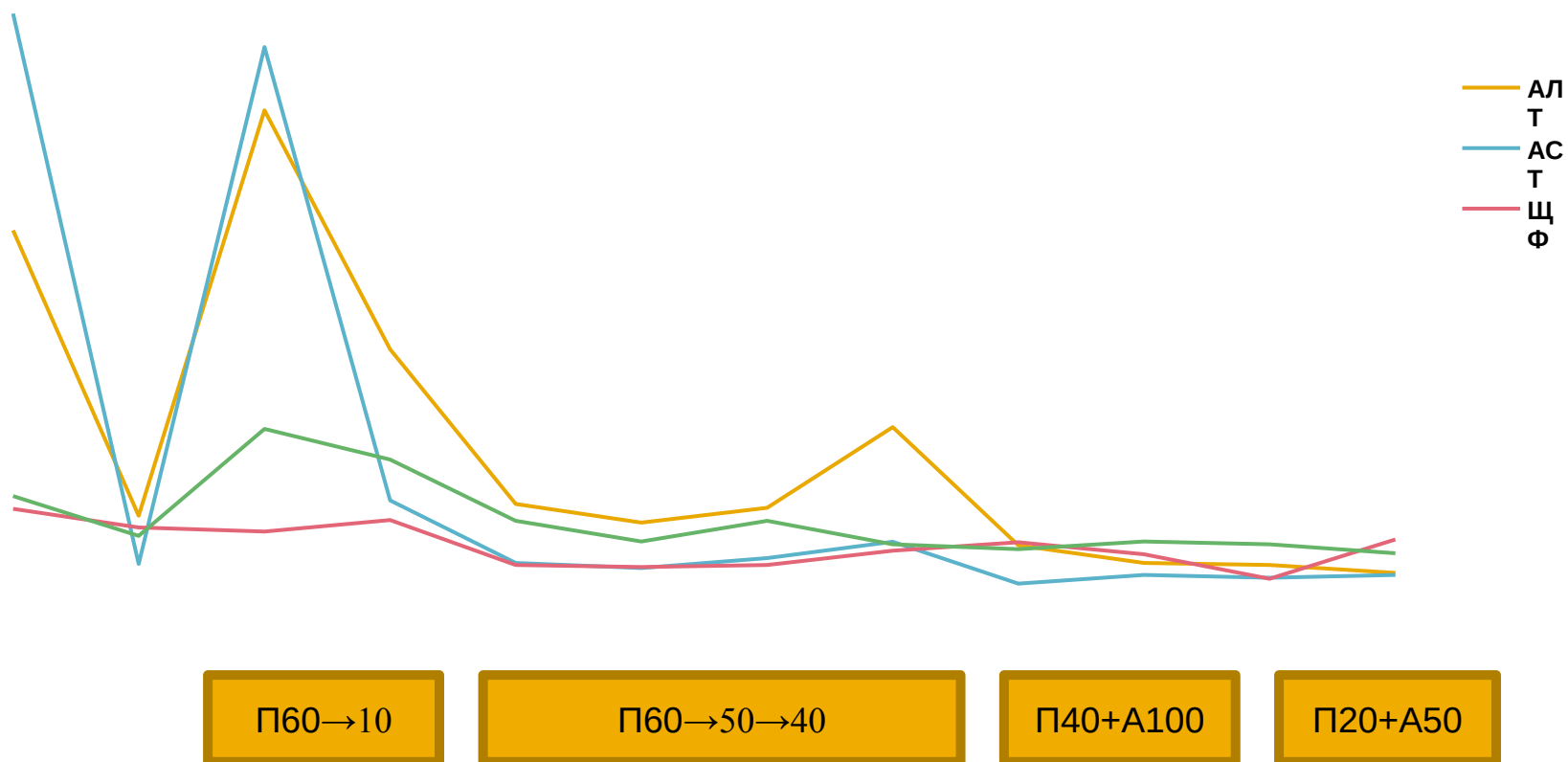
Diagnosis & treatment

- AIH type 2, progression to cirrhosis
- Prednisone 60 mg/day

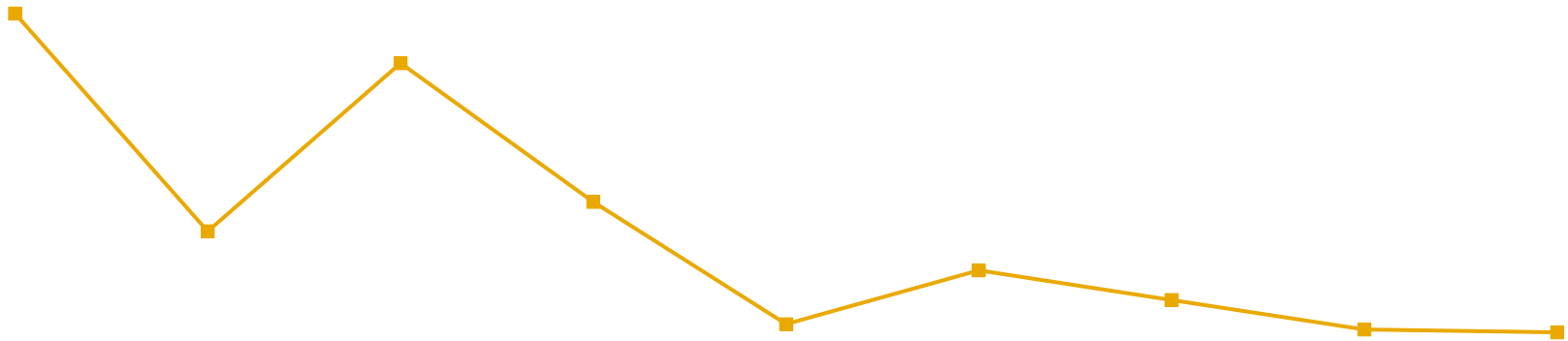
1 mo of treatment 2009

дата	ALT, Ед/ л	AST , Ед/ л	AP, Ед/ л	GG T, Ед/ л	Liver stiffness, kPa	IQR, кПа
09.2009	380	600	97	110	38,5	9,5
10.2009	90	41	78	69,7	22,3	4,3

Following-up 2009-2011



Elastography 2009-2011



П60→10

П60→50→40

П40+A100

П20+A50

Routine Blood Chemistry and counts fall 2011

- RBC – $4,56 \times 10^{12}/\text{L}$, HGB – 155 g/L, HCT – 0,464, MCV – 86,8, MCH – 30,3, WBC – $4,3 \times 10^9/\text{L}$, NE – 56,3%, LY – 31,9%, MO – 8,9%, EO – 2,9%, BA – 0, **PLT – $160 \times 10^9/\text{L}$** , COЭ – 5 мм/ч
- ALT-40,0 ед/л, AST- 27 ед/л, **GGT- 52 ед/л**, Total Bil.- 27,3 μmol/L, Bil dir.- 4,72 μmol/L, AP- 72 ед/л, glucose- 4,57 mmol/L, cholesterol.- 4,25 mmol/L
- Coagulation: Protrombin time– **15,7 с.**, Protrombin index – **74 %**, INR – **1,08**, fibrinogen – 309 мг%

Densitometry fall 2011

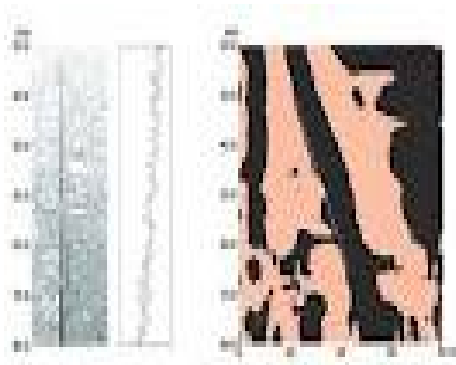
- **Shinbone** (0,037 M3B) – mineral density is decreased (osteopenia), $T=-1,1$, $Z=-1,0$.
- **T12-L4** (0,037 M3B) – mineral density is decreased (osteoporosis) $T=-2,5$, $Z=-2,3$.

Fall 2011

Proteinogramm immunoglobulins	&	result	Reference level
Ig G (g/l)		15,4	7.0-16.0
Ig M (g/l)		1.5	0.4-2.3
Ig A (g/l)		3.1	0.7-4.0
Albumin		50,89%	55.80%-65.00%
alpha1		2,2%	2,2 – 4,6%
alpha2		8,67%	8,2 – 12,5%
betta		9,32%	7,2 – 14,2%).
gamma		23,58%	11.50%-18.60%

No autoantibodies found by EIA and Immunoblotting

Elastography fall 2011



22 measurements.

Median stiffness is 12,1 kPa; (IQR) 2,4 kPa.

Treatment change

- Prednisone 20 mg + Azathioprine 50 mg
 - Increase Azathioprine up to 100 mg and taper prednisone

Alcohol consumption

CAGE (Cut-Annoyed-Guilty-Eye)

Результат: отрицательно

AUDIT (The Alcohol Use Disorders Identification Test)

Результат: 5 баллов

SIAC (Systematic Interview of Alcohol Consumption)

Результат - 18

Consuming alcohol, low risk

Treatment:

- Azathioprine 100 mg/day,
- Combo calcium and vitD