

DIAGNOSTIC ESSAYS OF CLINICAL MASKS OF AUTOIMMUNE HEPATITIS

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Introduction: The prevalence of autoimmune diseases (AD) increases among population during last years. Several studies show that combined autoimmune pathology is the most typical for autoimmune hepatitis (AIH). Therefore, the aim of our research was to study the frequency of combination of AIH with other AD.

Materials and Methods: Search and analysis of retrospective studies from: PubMed, EMBASE, Cochrane Library. In addition, the study was supplemented with clinical cases that were registered at the Kharkiv Regional Clinical Hospital (KhRCH).

Results: 12 retrospective sources were identified, that include 865 patients with AIH. It was found that 92% of patients had a combined course of AIH with another autoimmune pathology (AP). It was obtained that overlap syndromes (primary biliary cholangitis (PBH) and primary sclerosing cholangitis (PSC)) occur in 33%, autoimmune thyroiditis - 27%, rheumatoid arthritis - 12%, autoimmune polyglandular syndrome - 7%, Sjogren's syndrome – 7,5%, systemic lupus erythematosus – 6,5%, diabetes mellitus type 1 - 2.5%, rheumatic polymyalgia - 2%, Crohn's disease - 1.5%, ulcerative colitis - 1%, vitiligo - 1%. Two clinical cases were selected among KhRCH patients with diagnoses: 1 - AIH and PBH, 2 - AIH and vitiligo. As a result, we revealed the presence of significant differences in the combined course of AP. Such differences are due to the fact that in case 1, mutations of the HLA-DR4 gene are usually detected, whereas in case 2, the HLA-DR3 gene mutation plays a major role. However, one should take into account the mutations in the CTLA4 gene, which are responsible for many AD, as well as epigenomic factors.

Discussion and Conclusions: The difference in the prevalence of combined autoimmune pathology is most likely due to mutations of different HLA genes. However, we suggest an existence of single mechanism for AIH and AD combinations.