Clinico-laboratory study on children with auto-immune hepatitis in Upper Egypt

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Abstract:

Auto-immune hepatitis (AIH) in children is a rare chronic progressive liver disorder. It is characterised serologically by high aminotransferase levels, elevated immunoglobulin G (IgG) and the presence of autoantibodies. AIH is divided into two types according to the autoantibody profile. This study aims to assess frequency, clinical manifestations, biochemical features and outcome of AIH in children attending Assuit University Hospitals in Upper Egypt with acute icteric hepatitis and seronegative viral markers (anti-hepatitis A virus (HAV) IgM, HbsAg, anti-hepatitis C virus (anti-HCV) Ab). Patients and methods The study includes 34 children with AIH, diagnosed on the basis of the International Scoring Criteria of Auto-immune Hepatitis, recruited from Assuit University Hospitals, during the period from January 2005 to December 2009. All patients received prednisolone 2 mg kg⁻¹ day⁻¹. Follow-up was done for 1 year. Results Among 34 children diagnosed as AIH, 24 were females (70.5%) and 10 were males (29.5%). Jaundice represented the most consistent finding in all patients. According to the autoantibody profile, 25 children were classified as type 1 and nine children were classified as type 2. Corticosteroid therapy was started. Complete remission was observed in 67.6% of patients and partial remission in 17.6%. There was no significant statistical difference in clinical and biochemical features of AIH in patients regarding the response to treatment. Mild side effects of steroid therapy were encountered in 48.2% of patients. After complete withdrawal of corticosteroids, six patients (20.7%) developed relapse. Conclusion AIH type 1 was the main form of AIH in children referred to Assiut University Hospitals. Girls were more affected than boys. AIH type 1 exhibited a more active, ongoing immunologic process. Steroid alone can be used successfully in most cases. Children with AIH type 2 had a higher frequency of relapse after corticosteroid withdrawal. Further studies on a larger number of cases and long-term follow-up are recommended.

Keywords:

Auto-immune hepatitis; Children

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