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SEROPOSITIVE VERSUS SERONEGATIVE AUTOIMMUNE HEPATITIS (AIH): THE HISTOMORPHOLOGICAL PERSPECTIVE WITH AN ADDED EMPHASIS ON TREATMENT NON-RESPONSIVE CASES

Society: AASLD**Track:** Liver Diseases and Transplantation**Author(s) and Affiliation(s):**Rimlee Dutta¹, Lalita Mehra¹, Rajni Yadav¹, . Shalimar¹, Prasenjit Das¹

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Background

The wide plethora of clinical presentations compounded by lack of signature biomarkers make the diagnosis of AIH challenging, especially in seronegative patients. In this regard, histological evaluation of liver biopsies become of paramount significance in clinching the diagnosis.

Design

In this study, we tried to compare liver biopsies of seropositive and seronegative AIH cases and analyze any plausible difference in histomorphological features between the two cohorts. Additionally, we also tried to evaluate histological differences between patients who were treatment responsive and those with incomplete response/ treatment failure. Cases of AIH were shortlisted by retrospectively searching our computerized database. Stained slides of available cases were then retrieved, reviewed and morphologically graded, based on several histological parameters which included architecture, density and composition of portal tract inflammation(PTI), interface hepatitis, confluent necrosis, lobular inflammation, presence of emperipolesis, acinar transformation, bile ductular proliferation, lymphocytic cholangitis, cholestasis, feathery degeneration, Mallory Denke(MD) bodies, macro-or-microvesicular steatosis, plasma cell or lymphoid cluster, Russell body, endotheliitis, kupffer-cell hyperplasia, hyaline globules, nuclear glycogenisation, P-I-R score of liver fibrosis, nodule size and septal thickness. Pertinent clinical information was collected. These parameters were then analogized for any difference of statistical significance.

Results

Out of 133 AIH-cases, 92(69.1%) were found to be seropositive, while the rest 41(30.9%) were seronegative. Median age of the seropositive and seronegative cohort was 38 and 45 years respectively. 66.7% of the seronegative cohort responded to classical AIH treatment. Amongst the seropositive cases, 37.3% showed incomplete response/treatment failure. Significant architectural disarray/distortion ($p=0.02$) with presence of irregular shaped nodules ($p=0.03$) were found in the treatment non-responsive cohort in comparison to those who responded to treatment.

Conclusion

In our study, histomorphological characteristics were similar between the seropositive and seronegative AIH patients. The fact that two-third of the seronegative AIH cohort responded to traditional AIH management protocols underscores the importance of recognizing classical histological signatures pertaining to AIH in liver biopsies, for confirming the diagnosis, irrespective of serological status. Additionally, histological architectural disarray/distortion and irregular outline of the regenerative nodules were found to be histological predictors of treatment unresponsiveness in AIH patients.

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