

Research Article**Outcome of Autoimmune Hepatitis Patients Referred
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ABSTRACT**Introduction:** Autoimmune hepatitis is recurrent inflammation of liver cells, and the cause is unknown. The aim of this study was to determine the outcome of patients with autoimmune hepatitis, in the first 6 months of 1395, in Namazi hospital in Shiraz.**materials and methods:** This cross-sectional study was done on patients with autoimmune hepatitis in the first 6 months of 1395 who referred to Namazi hospital. Data was collected from patient's files in hospital.**Result:** In this study, 25 patients were evaluated. 20 patients were female (80%) and 5 patients were male (20 percent). The mean age of patients was 27 years old. All patients had autoimmune hepatitis type 1. The most common symptoms of the disease were jaundice (76%), and nausea - vomiting (56%), respectively. The most common signs were: splenomegaly (76%) and hepatomegaly (72%).**Conclusion:** The results of this study showed that all cases had type 1 of autoimmune hepatitis. The age of explosion in our study was lower than other studies. The most common were jaundice and nausea - vomiting and the most common signs were splenomegaly and hepatomegaly. The percentage of positive AMA, ANA and SMA in our study was similar to other studies in Iran.**Keywords:** Hepatitis - Autoimmune - outcome**[I] INTRODUCTION:**

Autoimmune hepatitis is recurrent inflammation of liver cells with unknown etiology which characterized by symptoms like inflammation of liver cells in pathological examination, Hyper gamaglobulinemia, and detection of autoantibodies in serologic data. (1-3). Differentiate the disease with other chronic liver diseases based on clinical, laboratory and histological (viral, metabolic, etc.) is a difficult. The diagnosis is done by omitting other causes of

chronic liver disease with similar symptoms, such as Wilson, chronic viral hepatitis, α 1 antitrypsin deficiency, genetic hemochromatosis, liver disease due to drugs, non-alcoholic fatty liver, immunological cholangiopathy, primary biliary cirrhosis, primary sclerosing cholangitis and autoimmune cholangitis. (1). Preventing the disease is different in the world. The prevalence is estimated about 1.9% per hundred thousand people each year (1-3). Autoimmune hepatitis is

divided into 3 types based on autoantibodies, (4) but any of these three groups has a clinical picture, treatment or prognosis. (5) The treatment is taking prednisolone alone or low-dose prednisolone associated with azathioprine. (2, 4, 6). Various studies have shown signs, symptoms and laboratory results all over the world (10-7). In Iran, Daryani and colleagues conducted a study in Imam Khomeini hospital and. their study showed differences with results of other countries (11). Also, Roshandel and colleagues studied clinical and laboratory protests of autoimmune hepatitis in Tehran in 1382. Their results showed that all patients have been suffering from autoimmune hepatitis type I, The prevalence of type I autoimmune hepatitis was 80% in Europe and America (3 and 12) and 92% to 98 % in Asia and Africa (7 , 11) it seems that the prevalence of this type of patients in our country is more than America or Europe and other Asian or African countries. (3)

According to these differences, we decided to confirm or deny these contradictions. The aim of this study was to determine the outcome of

patients with autoimmune hepatitis in the first 6 months of 1395 in Namazi Hospital.

[II] MATERIALS AND METHODS:

This cross-sectional study was done on patients suffering from autoimmune hepatitis, in the first 6 months of 1395. The method of collecting data was studying the patient records. Age, sex, history of disease, family history, signs and symptoms, types of hepatitis, and pathological examination and laboratory data were recorded in a form. This form was completed by an internist. The patient's information was recorded without registration. The data were analyzed by SPSS software.

[III] RESULT:

In this study, 25 patients were evaluated. 20 patients were females (80%) and 5 patients were male (20 percent). The mean age of patients was 27 years old. All patients had hepatitis autoimmune type 1 and 4 patients (16%) had other autoimmune disease. the most common autoimmune disease was diabetes Type 1 and rheumatoid arthritis. Clinical signs and symptoms are shown in Table 1 and 2.

Percent	Number	symptom
%76	19	Jaundice
%52	13	Weakness, lethargy
%52	13	Anorexia
%56	14	nausea and vomiting
%48	12	Abdominal pain
%32	8	Arthralgia

Table 1: Clinical signs and symptoms

percent	Number	Sign
%72	18	Hepatomegaly
%76	19	Splenomegaly
%36	9	Ascites
%48	12	Jaundice
%44	11	edema
%20	5	Associated autoimmune disease

Table 2: Clinical signs and symptoms

According to Table 1, the most common symptoms were jaundice (76%) nausea- vomiting (56%) and other symptoms are anorexia, weakness (52%), Abdominal pain (48%) and Arthralgia (32 %). The

most frequent signs included splenomegaly (76%), hepatomegaly (72%), jaundice (48%), edema (44%), ascites (36%) and mobile associated autoimmune disease (20%).

Laboratory and serologic findings of patients has been shown in Table 3.

percent	Abundance	Laboratory findings and serological
16%	4	AMA+
44%	11	ANA+
4%	1	P-ANCA+
72%	18	SMA+
48%	12	Hyperbilirubinemia
76%	19	Hyper Gamma globulinemia
84%	21	High AST
48%	12	high alkaline phosphatase

Table 3: Laboratory and serologic

Pathologic survey conducted in 25 patients, 21 patients were diagnosed with chronic hepatitis or cirrhosis (84%).

[IV] DISCUSSION AND CONCLUSION:

This study was conducted to determine the outcome of patients with autoimmune hepatitis. The results showed that all cases had type 1 autoimmune hepatitis. But the prevalence of type I autoimmune hepatitis was 80% in Europe and America (3 and 12) and 92% to 98 % in Asia and Africa (7 , 11) so it seems the prevalence of this type of patients in our country and other Asian countries or Africa is more than America or Europe. On the other hand, Roshandel and colleagues had a study which aimed to review the clinical and laboratory protests of autoimmune hepatitis. They showed that all the patients were suffering from this type of autoimmune hepatitis (17) this result confirmed our findings. Age of onset the disease in our study was less than other studies (11,13) but the prevalence of the disease in our study in women was higher, which is similar to other studies (3 & 13, 14 and 15).

Associated autoimmune diseases included diabetes type 1 and rheumatoid arthritis, but in the previous study vitiligo was the most common which is different with our findings (11). The most prevalent symptoms in our study included jaundice, and nausea - vomiting while in the same study in our country the most common, symptoms were fatigue, anorexia and jaundice respectively (11). In similar studies in other countries, weakness and jaundice were the most common

symptoms and had more frequency (1, 14, 15 and 16) It seems that jaundice may be the first and the most important early symptom of this diseases that may be confused with other similar diseases. The most common sig in nsour study were Splenomegaly, and hepatomegaly, respectively. In the same study, which was conducted in Tehran, the most common signs were the same as our study which confirmed our findings (17). In similar studies in other countries these two findings had similar frequency close to each other, it seems our result is similar to other studies. Other physical findings are also similar to other studies (1 V14-16). positive AMA, ANA and SMA (serologic markers) in our study was similar to other Iranian studies (11 and 17) the ANA in our study was similar to other sources (15 and 9) but was different with Iranian studies (18 and 8) in our study PANCA was positive only in one case, while, in other studies it was reported up to 90%. In the same study, in Tehran, this amount was less than other countries (17 and 1) Therefore, according to this study and a similar study in Iran, it seems positive serologic markers in Iran are less than other countries. The problems were that the files of patients had only pathology results and did not have cell analyze, also Each patient had only one, pathology, So it can't be concluded about the prevalence accurately. Therefore, it is recommended to do other studies because there is not accurate information about outbreak and pathologic findings in Iran on the other hand genetics and race features can change these findings.

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