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A rare case of hepatitis: Giant cell hepatitis

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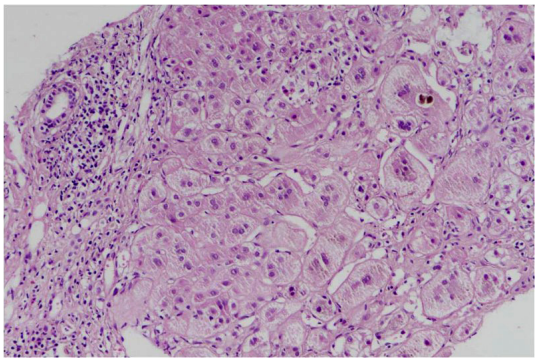
INTRODUCTION: Giant cell hepatitis is a disease usually described in the newborn and rarely seen in adults. Various viruses, drugs and autoimmune diseases are responsible for etiology. In some case series, autoimmune liver disease is involved in the etiology of approximately 40% of cases. Clinical spectrum; changing from acute hepatitis to chronic liver disease, can lead to fatal liver failure.

CASE: A 19-year-old man visited our hospital due to generalized symptoms.In 2013, a diagnosis of autoimmune hepatitis was made in the outside center. Medical treatmant with methylprednisolone, azathioprine and ursodeoxycholic acid was started. Patient was admitted to intensive care unit due to systemic infections and septic status. Therefore treatment of azatiopurine was discontinued. The patient developed hyponatremia and encephalopathy, and referred to our institution for evaluation of liver transplantation. On physical examination; the patient was lethargic and icteric, had flapping tremor, rales in the middle and upper zones of the lungs and generalized acid. (MELD score: 35, Child-Pugh score: 14 (C)). Coombs positive hemolytic anemia was present in the patient. When the liver pathology specimens from 2013 were re-evaluated; chronic active hepatitis which including multinuclear giant hepatocytes were reported. The patient was diagnosed as giant cell hepatitis and autoimmune hemolytic anemia. Intravenous methylprednisolone (40 mg) treatment was started. We planned liver transplantation for the patient due to chronic liver disease-acute exacerbation. But liver transplantation could not be done due to infection status. The patient have developed cardiac arrest secondary to pneumonia / sepsis and died on the 9th day of hospitalization.

DISCUSSION: Giant cell hepatitis is a progressive disease which has high mortality. If the liver transplantation is not performed, survival would be approximately 50%. Giant cell hepatitis is a histopathological diagnosis that can be caused by many etiological factors rather than a specific disease. In the correct diagnosis and treatment of this pathology, both clinical and pathological examinations require more than routine examinations. Since the disease is progressive and mortality is high, liver transplantation should be considered during the follow-up period.

Keywords: autoimmune hemolytic anemia, giant cell hepatitis, mortalitiy

Fig.1



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