



Association between Auto-Immune Hepatitis and Myeloma

Trad D*, Sabbah M, Jlassi H, Ouakaa A, Bibani N, Elloumi H and Gargouri D

Department of Gastroenterology, Habib Thameur Hospital, Tunisia

Clinical Image

A 47 years old woman with no history except cholecystectomy for gallbladder stones presented for severe acute hepatitis revealed by pseudo grippal syndrome associated with right hypochondrium pain and jaundice. Abdominal examination was normal. Biological parameters showed a high cytolysis up to 18 N associated with cholestasis (total bilirubin 55 mol/L) and low prothrombin time (31%). Factor V was 71%. Electrophoresis of proteins objectified hypergammaglobulinemia (22.1 g/L) and hyper B2 globulinemia (24 g/L) (Figure 1). Abdominal ultrasound was normal. Viral markers (B, A, C) as well as cupriuria were normal. Immunological assessment showed high anti nuclear antibodies (1/40) with high anti smooth muscle antibodies (1/100) and IgG levels were high (22.5 g/L) with normal IgA and IgM levels. The diagnosis of autoimmune hepatitis was suspected according to simplified criteria and patient was treated by corticosteroids with improvement of hepatic function (prothrombin time). Immunoelectrophoresis of proteins was performed showing a monoclonal kappa IgA and myelogram confirmed the diagnosis of multiple myeloma. Hepatic biopsy confirmed autoimmune hepatitis with no infiltration by plasmocytes (Figure 2). Myeloma was classified stage IIIA (bone involvement) and FISH caryotype was t (4,14). She was treated with chemotherapy (protocol VTD).

OPEN ACCESS

*Correspondence:

Trad D, Department of Gastroenterology, Habib Thameur Hospital, University of Medicine of Tunis, El Manar, Tunisia,

E-mail: dorratrad@yahoo.com

Received Date: 30 Aug 2019

Accepted Date: 09 Sep 2019

Published Date: 12 Sep 2019

Citation:

Trad D, Sabbah M, Jlassi H, Ouakaa A, Bibani N, Elloumi H, et al. Association between Auto-Immune Hepatitis and Myeloma. Ann Clin Hepatol. 2019; 3(2): 1014.

Copyright © 2019 Trad D. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

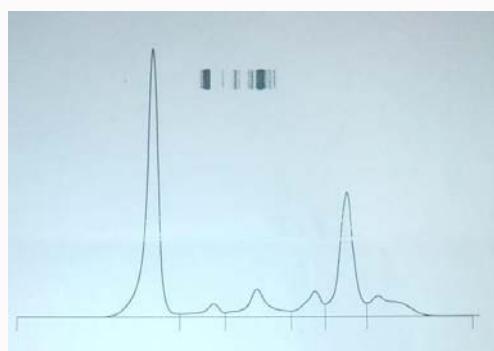


Figure 1: Electrophoresis of proteins showing hypergammaglobulinemia (21 g/L) and hyper B2 globulinemia (24 g/L).

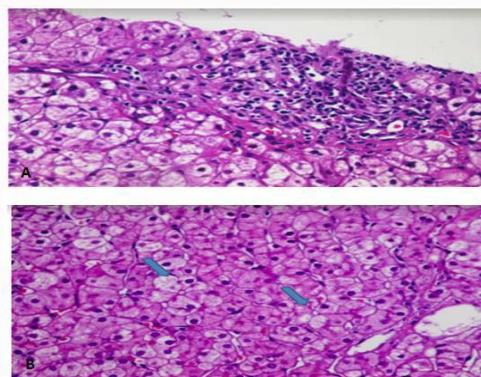


Figure 2: Hepatic biopsy: A inflammatory infiltrates in portal space (monocular, lymphocytes) B hepatic regeneration with pseudo rosettes (arrows).