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Clinical Image
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Finasteride-Induced Liver Injury: A Case Report

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Clinical Image

We report an 85-year-old man with a medical history of atrial fibrillation, arterial hypertension and benign prostatic hyperplasia who was admitted to the hospital due to painless jaundice. The patient's medication included rivaroxaban, ramipril and hydrochlorothiazide and he was treated for benign prostatic hyperplasia with finasteride one month ago. After three weeks he manifestated with painless jaundice. The laboratory values revealed abnormal liver function tests with elevated total bilirubin (13.45 mg/dl), direct bilirubin (10.25 mg/dl), SGOT (125 U/l), SGPT (117 U/l), γ-GT (287 U/l) and ALP (368 U/l). A computed tomography scan of the abdomen (Figure 1) revealed a cystic formation of the pancreas and multiple liver cysts and a magnetic resonance cholangiopancreatography (Figure 2) revealed no pathology. The patient underwent endoscopic retrograde cholangiopancreatography with no abnormalities detected. Then, the patient was suspected for drug-induced liver injury probably caused by the recent initiation of finasteride. After finasteride cessation a percutaneous liver biopsy was performed with histopathological findings suggestive of drug-induced liver disease. The patient was treated with ursodeoxycholic acid and corticosteroid therapy and after few weeks the liver function tests returned to normal.

Drug-induced hepatotoxicity is a frequent cause of liver injury [1]. Drug-induced hepatic disease is a multifaceted phenomenon [2]. It may occur as an unexpected idiosyncratic reaction to a normally nontoxic drug or may be an expected consequence of the intrinsic toxicity of an agent taken in sufficiently large dose to cause liver injury [2]. The predominant clinical presentation is acute hepatitis and/or cholestasis, although almost any clinical pathological pattern of acute or chronic liver disease can occur [1]. The pathogenesis of drug-induced liver disease usually involves the participation of the parent drug or metabolites that either directly affect the cell biochemistry or elicit an immune response [1]. The liver injury may be the only clinical manifestation of an adverse drug effect or may be accompanied by evident injury to other organs or systemic manifestations

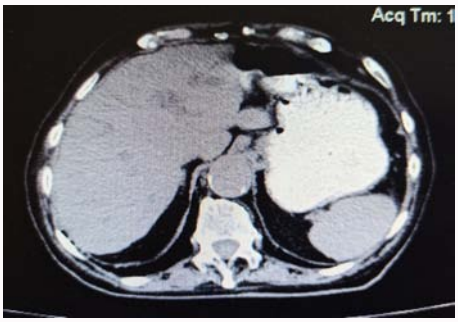

Figure 1: Computed tomography scan of the abdomen.

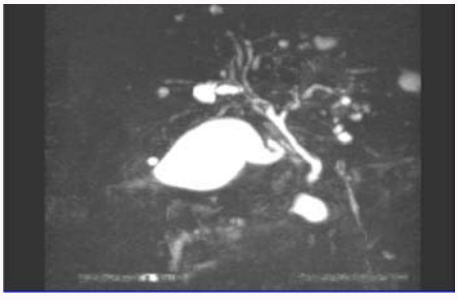

Figure 2: Magnetic resonance cholangiopancreatography.

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[2]. During the past half century, new information on drug-induced hepatic injury has filled an extensive database [2]. DILI is considered among the most serious Adverse Drug Reactions (ADRs) and represents the main cause of discontinuing the development of new drugs at early stages and the most frequent reason for refusal to approve restriction of indications or withdrawal of drugs by regulatory agencies [3]. Diagnosis of this condition is not simple and pre-marketing studies are unable to detect all possible hepatic ADRs [3].

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