HEPATITIS AUTOINMUNE-TRATAMIENTO

Fernando Alvarez, M.D.

Profesor de Pediatría

Director del programa de trasplante hepático

CHU Sainte-Justine

Université de Montréal

Hepatitis Autoinmune

Definición :

« Lesión inflamatoria crónica del hígado, de evolución fluctuante, que provoca una destrucción progresiva del parénquima hepático. »

HEPATITIS AUTOINMUNE - TRATAMIENTO

El tratamiento debe PERMITIR :

- **Alto porcentaje de respuesta**
- **Sin o pocos efectos secundarios**

HEPATITIS AUTOINMUNE - TRATAMIENTO

Mejorar el pronóstico a largo plazo requiere un tratamiento :

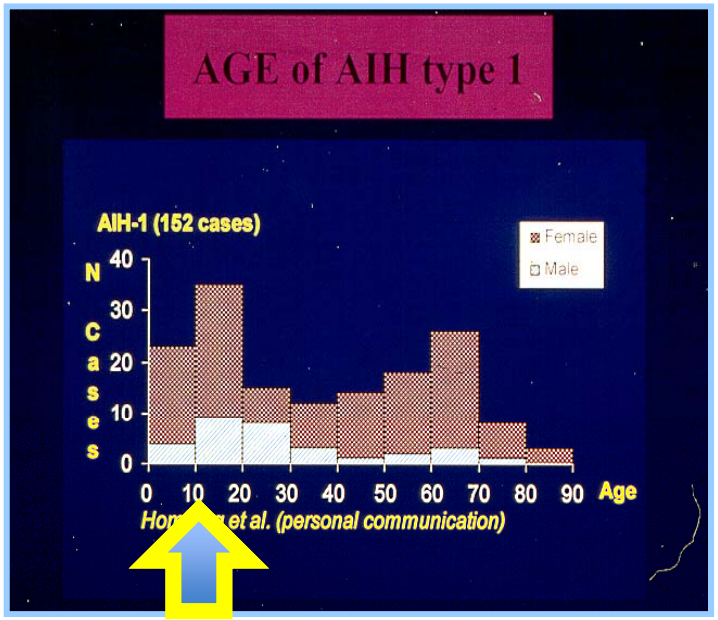
- Temprano
- Prolongado

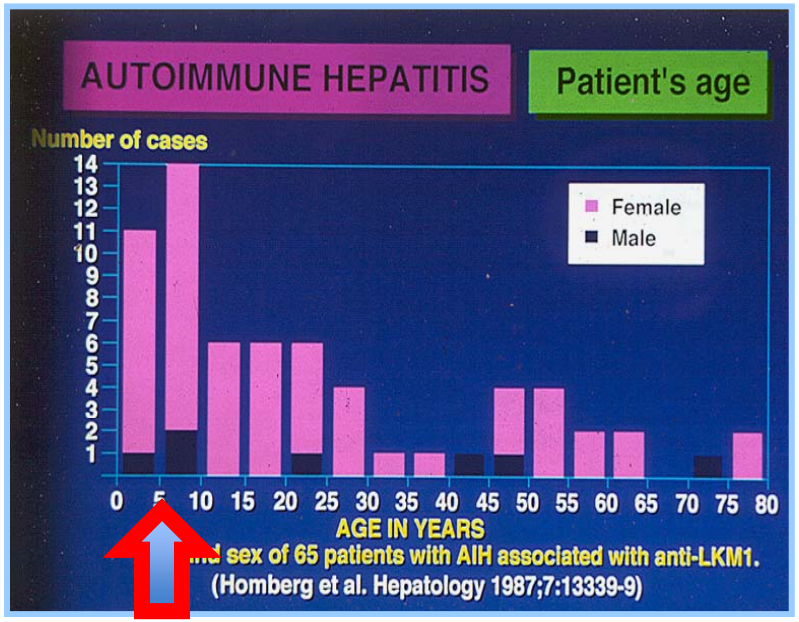
HEPATITIS AUTOINMUNE - TRATAMIENTO

“Elección”, considerar :

- **Edad**
- **Sexo**
- **Función hepática**
- **Enf. extra-hepáticas**

HEPATITIS AUTOINMUNE – INCIDENCIA EN RELACION A LA EDAD





HEPATITIS AUTOINMUNE: TRATAMIENTO

-Prednisona: 2 mg/kg/día

-Azatioprine: 1-2 mg/kg/día

HEPATITIS AUTOINMUNE REFRACTARIA

CORTICO-RESISTENTE.

Hepatitis fulminante

CORTICO-DEPENDIENTE.

Atrofia del hígado

Recaidas frecuentes

HEPATITIS AUTOINMUNE - TRATAMIENTO

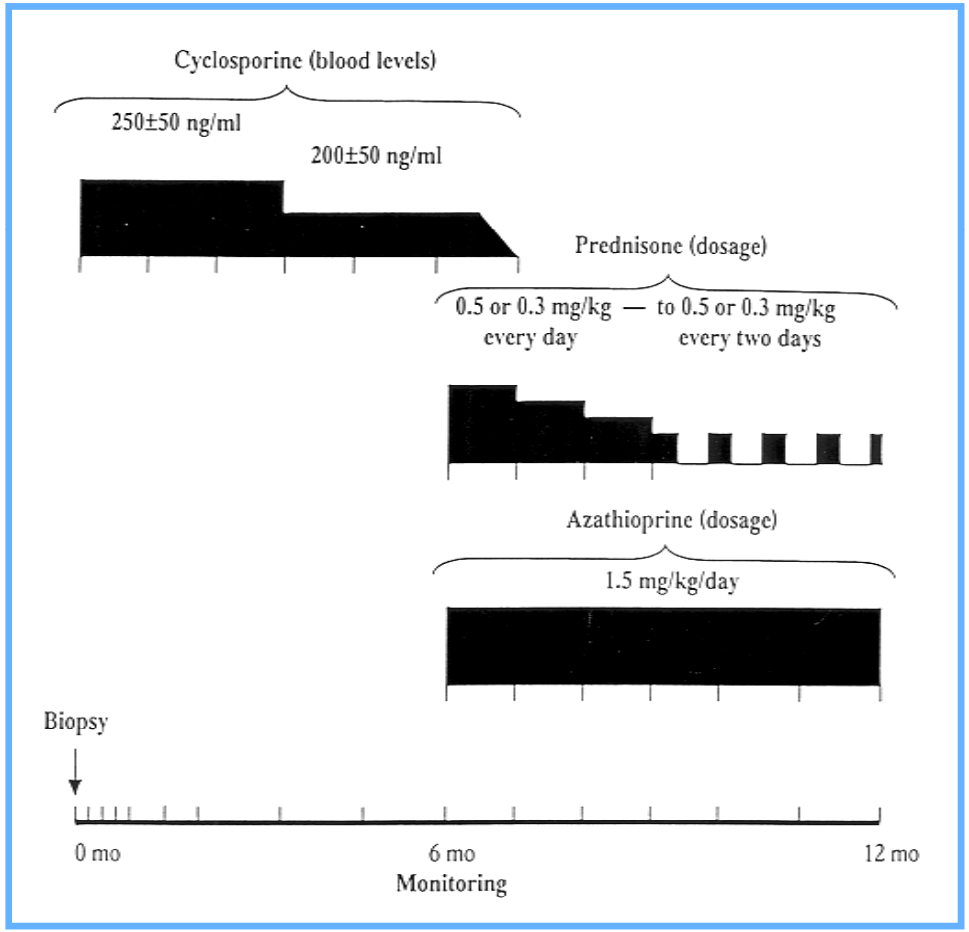
Azatioprina – tratamiento a largo plazo

- Remisión en > de 80% de los pacientes

- Dosis de azatioprine entre 1,5 y 2 mg-kg-día

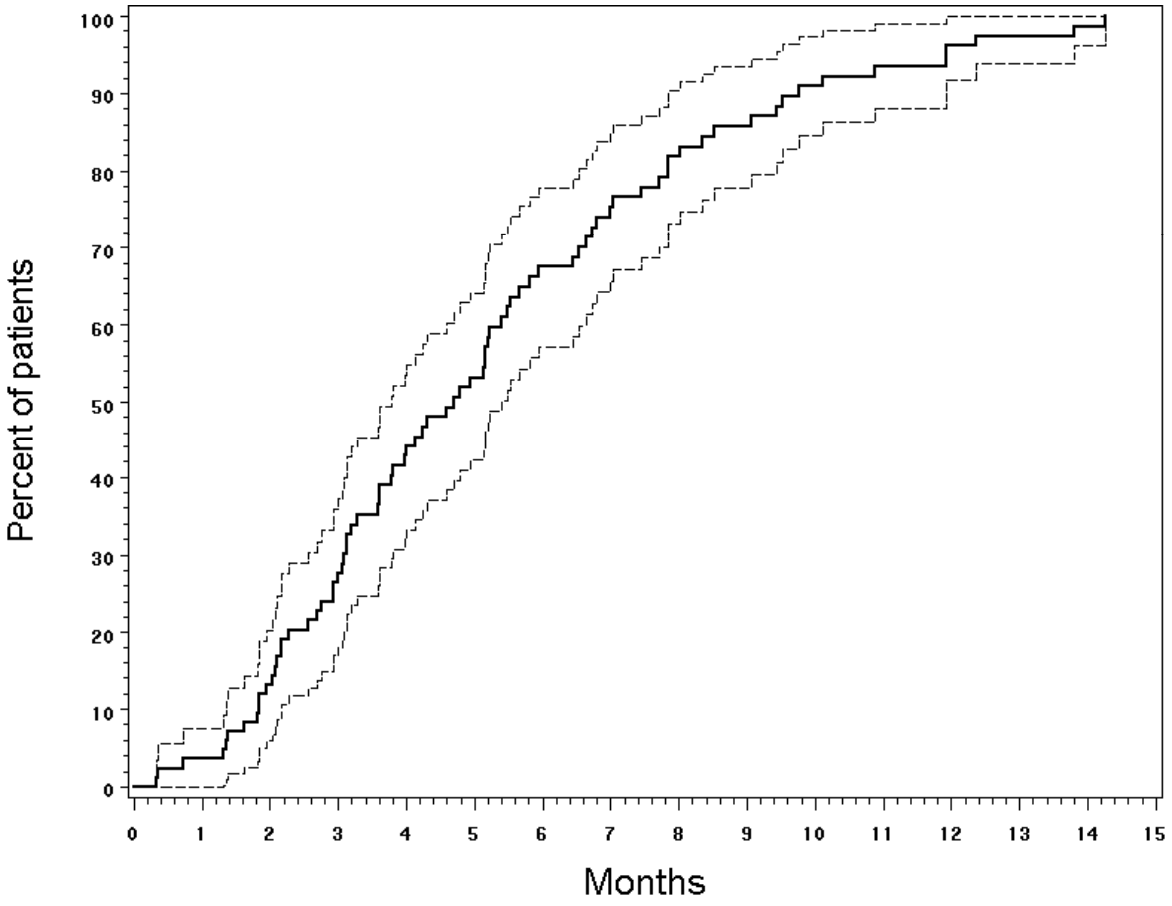
Johnson et al. NEJM. 1995, 333; 958-63

HEPATITIS AUTOINMUNE - TRATAMIENTO



HEPATITIS AUTOINMUNE - TRATAMIENTO

PACIENTES [NIÑOS] EN REMISION



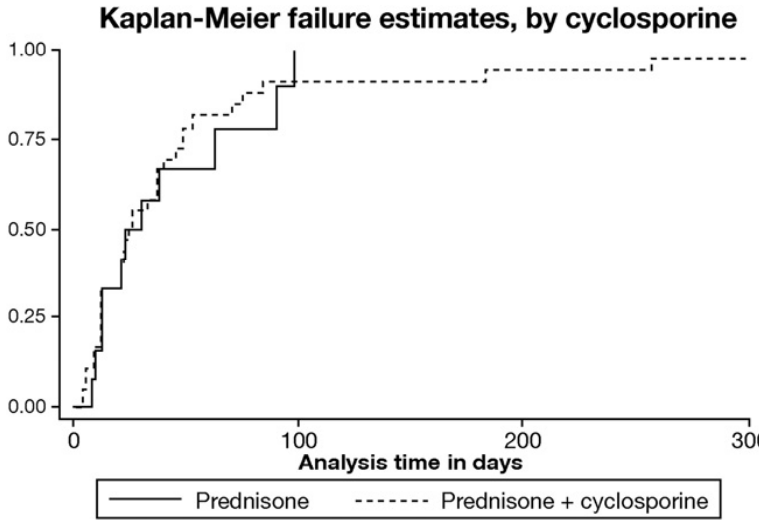
CLINICAL GASTROENTEROLOGY AND HEPATOLOGY 2011;9:145–14

ORIGINAL ARTICLES—LIVER, PANCREAS, AND BILIARY TRACT

Immunosuppressive Therapy Allows Recovery From Liver Failure in Children With Autoimmune Hepatitis

MIRIAM L. CUARTEROLO,* MIRTA E. CIOCCA,* SUSANA I. LÓPEZ,* MARÍA T. G. DE DÁVILA,‡ and FERNANDO ÁLVAREZ§

Division of Hepatology and ‡Division of Pathology, Hospital de Pediatría Juan P. Garrahan, Buenos Aires, Argentina; and §Department of Pediatrics, CHU-Sainte Justine, University of Montreal, Montreal, Quebec, Canada



EVOLUCION DE 45 DE 50 PACIENTES TRATADOS

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Table 2. Patients Who Died During Follow-Up

	Features on admission					Outcome			
P	Age (*y*)	Sex	PT (*%*)	INR	PELD/MELD	PT >50%	Beginning treatment/ TP >50% (*d*)	Cause of death	Beginning treatment/ death (*d*)
1	13	F	37	2.1	21	No	—	Central nervous system bleeding	33
2	14	F	34	3.22	23	Yes	25	Infection	45
3	12	M	26	2.9	29	Yes	46	Infection	99
4	11	M	28	3.3	26	Yes	21	Infection	51

NOTE. P 2, Spontaneous bacterial peritonitis and sepsis (pneumococcus); P 3, Sepsis (enterococcus), brain abscesses (aspergillus fumigatus); P 4, urinary infection and sepsis (serratia).

F, female; INR, international normalized ratio; M, male; P, patient.

Tratamiento con Tacrolimus

SIN INSUF. HEPATICA

Table 3 Clinical characteristics of patients with AIH before tacrolimus treatment

Patient No.	Gender	Age (yr)	Prednisolone dose	Additional immonusupression	HLA type	ALT (U/L)	IgG (g/L)	INR	Bilirubin (μmol/L)	Albumin (g/L)	Creatinine (μmol/L)	Follow-up (mo)
1	F	64	20	MMF	N.A.	271	15	1.1	9	37.8	88	37
2	F	32	20	AZA	DR-3	156	29	1.6	30	28.0	71	20
3	F	49	20	MMF	DR-4,15	109	18	1.1	13	34.7	85	34
4	F	20	40	AZA	N.A.	102	12.3	0.9	13	43.0	55	18
5	F	17	20	AZA	DR-17, DQ2	475	30.2	1.0	146	39.1	59	13
6	M	16	80	AZA	DR-7,17	154	16	1.5	8	37.1	65	17
7	F	55	25	AZA	DR-4,13	100	17	1.1	58	37.1	49	12
8	F	49	20	AZA	DR-4,7	202	10	1.2	15	42.2	66	12
9	F	32	20	MMF	N.A.	126	16	1.1	6	33.3	68	36

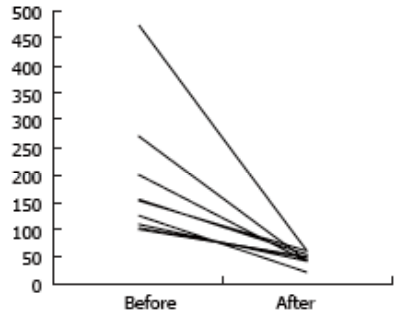

Figure 1 Plasma concentration of alanine aminotransferase in 9 patients with AIH before after 18 (range 12-37) mo treatment with tacrolimus in addition to prednisolone and azathioprin or mycophenolate mofetil.

World J Gastroenterol 2007 June 21; 13(23): 3232-3236

Tratamiento con MMF

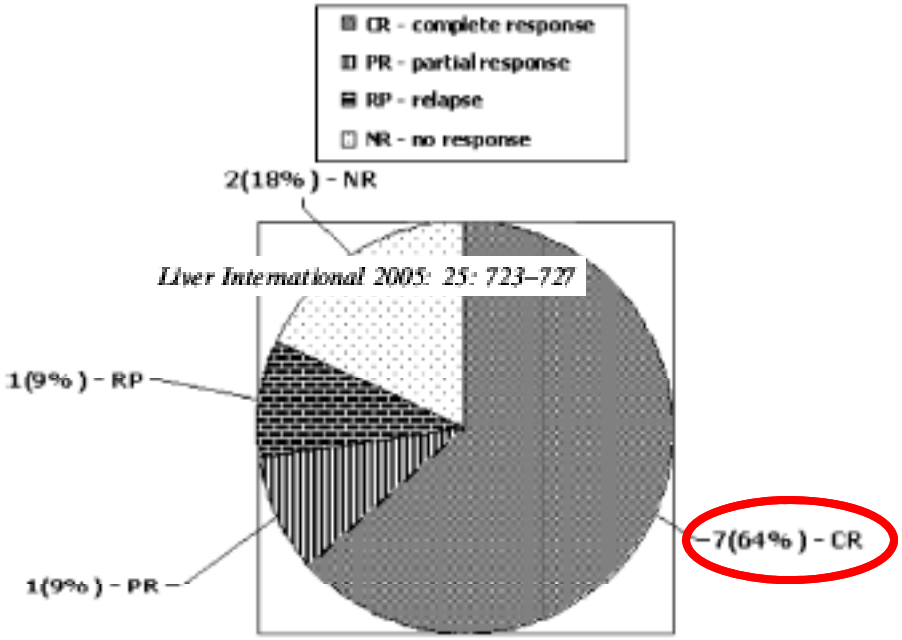

Fig. 2. Response rates to mycophenolate mofetil monotherapy.

Tratamiento con MMF

New hope for difficult cases of autoimmune hepatitis

Ugur Halac and Fernando Alvarez

NATURE REVIEWS | GASTROENTEROLOGY & HEPATOLOGY VOLUME 6 | NOVEMBER 2009

-Dificultad para establecer la dosis correcta.

- Necesidad de estudios farmacológicos individuales (farmacocinética).

- La AUC terapéutica es desconocida.

- Efectos secundarios frecuentes y algunas veces severos (hematológicos y digestivos)

HEPATITIS AUTOINMUNE - TRATAMIENTO

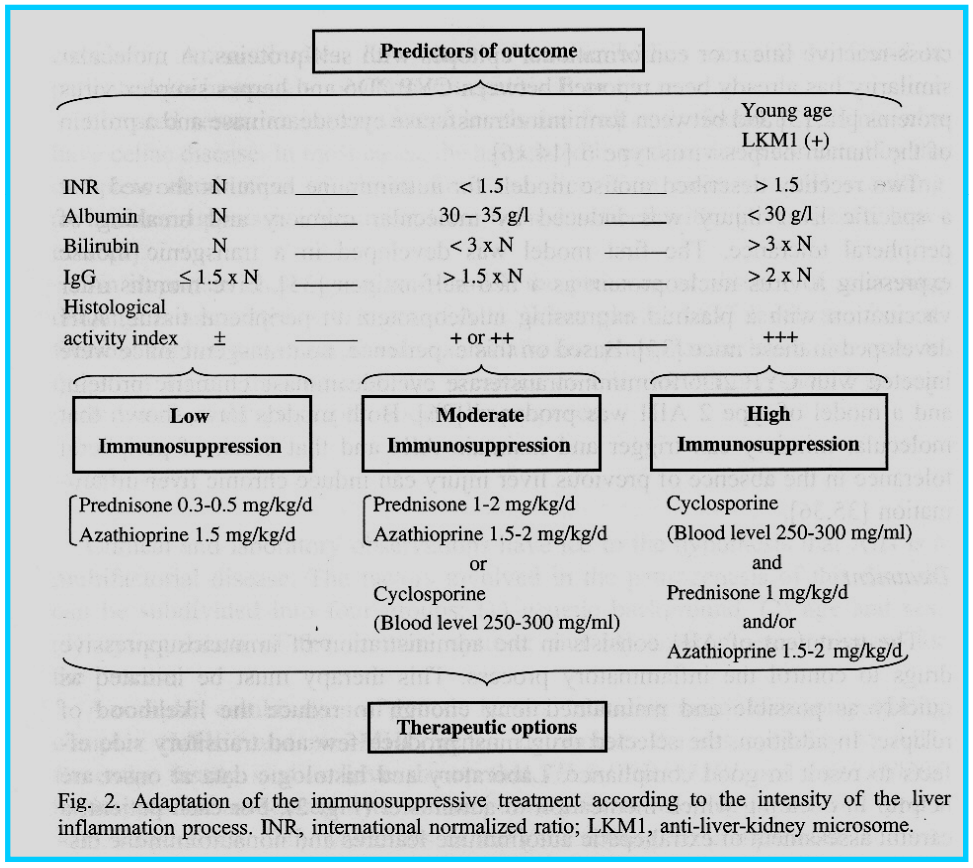

Fig. 2. Adaptation of the immunosuppressive treatment according to the intensity of the liver inflammation process. INR, international normalized ratio; LKM1, anti-liver-kidney microsome.

TRATAMIENTO
¿Duración?

Pacientes :

-Adultos con HAI = n103
-HAI tipo 1= 93%
-Cirrosis + 30%
-Corticoides (con o sin azatioprina)= 100%

Resultados del tratamiento:

-1-2 años = recaida de 90%
-2-4 años = recaida 83%
-> 4 años = recaida 33%

Kanzler et al. J Hepatol. 2001; 34 : 354-5.

HEPATITIS AUTOINMUNE - TRATAMIENTO

Prospective Analysis of Nonadherence in Autoimmune Hepatitis: A Common Problem

Nanda Kerkar, yRachel A. Annunziato, Liberty Foley, yJames Schmeidler, Carolina Rumbo, Sukru Emre, Benjamin Shneider, and y Eyal Shemesh

Department of Pediatrics, Division of Pediatric Hepatology and Department of Surgery, Recanati Miller Transplant Institute, and
{Department of Psychiatry, Mount Sinai School of Medicine, New York, NY

Journal of Pediatric Gastroenterology and Nutrition 2006ñ, 43:629–634

Riesgo de Hepatocarcinoma = 1,1% anual

- Sexo M y F

- Persistencia de la inflamación

- Cirrosis > 10 años