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Response to immunomodulator treatment as diagnostic criterion of cirrhosis due to autoimmune hepatitis

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Autoimmune hepatitis is a progressive inflammatory disease that directly attacks the hepatocytes, in the long term and without timely treatment leads to cirrhosis. Worldwide, it is estimated between 11.6-35.9 cases/100,000 inhabitants, therefore, in medical practice it is low considered in the diagnosis of chronic hepatitis; because the simplified diagnostic criteria for this disease are complex, since they focus on expensive diagnostic means and in low and middle income countries, access is difficult, the opportunity for diagnosis and treatment is also important. Consider the sensitivity of these. In addition, it is important to consider the sensitivity of these diagnostic means. Some cases are atypical, in which clinical improvement with immunomodulatory treatment is highlighted as a diagnostic criterion of the classic criteria of 1999 to establish the diagnosis of autoimmune hepatitis due to the high sensitivity of the response to treatment evidenced at 48 hours. Therefore, it is important to consider the start of immunomodulatory treatment against autoimmune hepatitis once the main causes of chronic liver disease have been ruled out, despite not fulfilling the diagnostic criteria, as this prevented progression of the disease, a fatal outcome and mortality in the patient. The absence of immunosuppressive therapy between diagnostic criteria is a limitation for diagnosis and treatment.

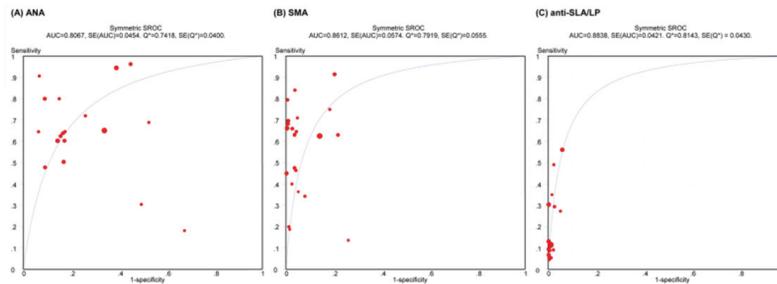


Figure 3. SROC curves for ANA, SMA and anti-SLA/LP. Each solid circle represents each study in the meta-analysis. The size of each study is indicated by the size of the solid circle. SROC = summary receiver operative curve, ANA = antinuclear antibodies, SMA = smooth muscle antibodies, anti-SLA/LP = antibodies to a soluble liver antigen/liver pancreas, AUC = area under the curve, SE = standard error, Q² = Cochran Q, doi:10.1371/journal.pone.0092267.g003

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