



Autoimmune Hepatitis and Hypergammaglobulinemic Purpura Associated with Herbal Medicine Use

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Patient description



- A 57 years old female, previously healthy
- Practitioner and user of herbal medications
- For a last month- weakness, 6 KG weight loss
- Jaundice appearing 2 weeks later
- The patient uses variety of herbal preparations:
Echinacea, Kombucha, Chinese herbal mixtures, Kava kava

Physical examination

- Afebrile, visibly jaundiced, no apperent distress
- The abdomen was soft with mild RUQ tenderness. The liver span 15 cm
- No signs of encephalopathy, rash or peripheral edema

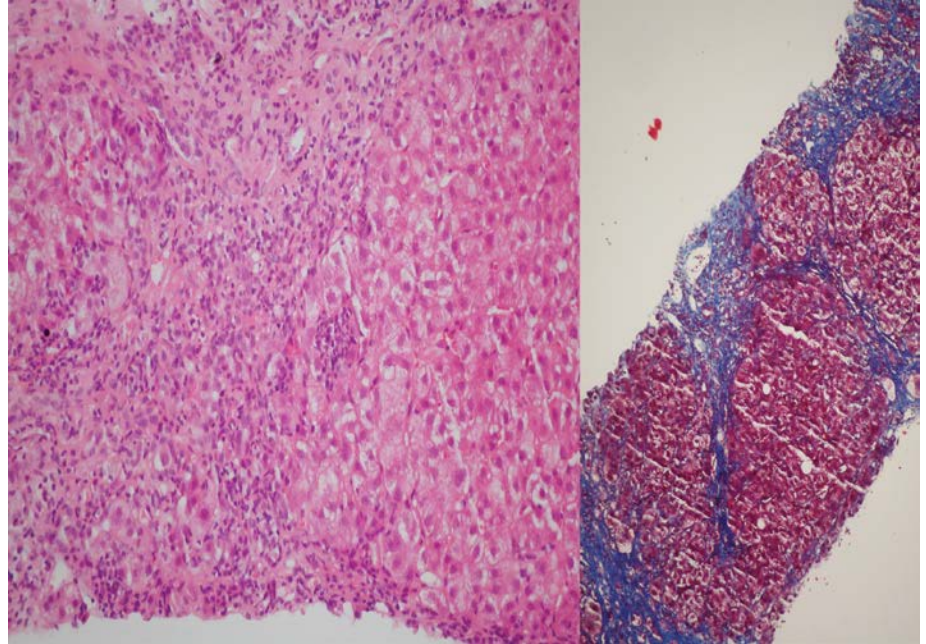
Glucose -	119 mg/dL
Bilirubin total –	12.1 mg/dL
Bilirubin direct -	9.1 mg/dL
Alk. Phosph. -	100 IU/L
SGPT (ALT) -	862 U/L
SGOT (AST) -	1483 U/L
pH -	7.33
Bicarbonate -	26.6 meq/L
INR -	1.83
Hb -	11.6 g/dL
WBC -	5.150X10 ³ /mm ³
Plt. -	147X10 ³ /mm ³

Globulin – 7.2 g/dl (N. 1.9 – 3.5 g/dl)
Albumin – 3.7 g/dl (N. 3.5 – 5.0 g/dl)
IgG – 39100 mg/dL (N. 700 – 1600 mg/dL)
IgA – 317 mg/dL (N.70 – 400 mg/dL)
IgM – 107 mg/dL (N. 40 – 230 mg/dL)
RF – 81.5 IU/ml (N. 14.99 – negative)
ANA – Peripheral 4+
DNA (ds) - >200 IU/ml
Complement C3 – 95 mg/dL (N. 90 – 180 mg/dL)
Complement C4 – 20 mg/dL (N. 10 -40 mg/dL)
Smooth muscle Ab – positive
Mitochondrial Ab – negative
Anti –Liver Kidney Microsomal [LKM] Ab –negative
CMV IgM – negative , CMV IgG -positive
EBV IgM – negative , EBV IgG - positive
Viral Hepatitis (serologic study) - negative

Liver biopsy

- Cirrhosis with severe piecemeal necrosis, severe intra acinar necrosis, focal necrosis and cholestasis

piecemeal necrosis (hematoxylin & eosin stain)



cirrhotic nodules
(Masson stain)

Continue

- Started the treatment of T. Prednisone 60mgx1/d, with clinical and laboratory improvement
- On Day 11 - Purpura on feet and calves



- Skin biopsy – purpura without evidence of vasculitis

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- The patient was discharged from the hospital with complete normalization of the liver function
- One month after the discharge she decided to discontinue the steroid therapy and resume the herbal medication
- Laboratory tests showed renewed elevation of transaminases and bilirubin



In summary

Patient with herbal medication use
Clinical and Immunological evidence -
Autoimmune Hepatitis Type 1

Liver biopsy -
Autoimmune Hepatitis Type 1 with Cholestasis and
Liver cirrhosis

and
Hypergammaglobulinemic purpura

Comment

- To the best of our knowledge this is the first report of autoimmune hepatitis (AIH) combined with hypergammaglobulinemic purpura associated with herbal medicine use that promptly responded to steroid therapy
- There are only sporadic previous reports of an association of AIH and herbal medication¹
- Few cases of purpura in association with autoimmune hepatitis have been reported²

1. Kamyama T, Nouchi T. Autoimmune hepatitis triggered by administration of an herbal medicine (Review), Am. J Gastroenterology 1997; 92:703-704
2. Powers JC, Hill JC. Lower extremity purpura associated with new onset autoimmune hepatitis: an unusual presentation. Cutis 1998;62:109-110

Interesting fact

- In 1950- **Waldenstrom** first described chronic hepatitis in young women with cirrhosis, liver plasma cell infiltration and hypergammaglobulinemia. Later this disease has been called- **Autoimmune Hepatitis**
- **Waldenstrom** was also the first to describe, in 1943, an association between **hypergammaglobulinemia** and **purpura**



Jan Gösta Waldenström (17 April 1906-1 December 1996) was a Swedish doctor of internal medicine

In summary



- Autoimmune hepatitis and purpura may be related to herbal medications.
- This recognition is important as this entity can respond to steroid therapy.

Thank you for your attention!!!



Negev, South of Israel