INTRODUCTION

The treatment of autoimmune hepatitis (AIH) is based on immunosuppressive drugs. First-line induction regimens usually combine corticosteroids and azathioprine. Full biochemical response is defined as normalisation of both serum aminotransferases and γ-globulin levels. After complete biochemical remission, the optimal duration of maintenance treatment is not established. It is recommended that it be maintained for at least 2 years. However, a remission period of at least 4 years has been reported to reduce further the risk of relapse compared to shorter treatments. In addition, more drastic biochemical response criteria have been reported to predict a lower risk of relapse. Finally, histological response i.e. absence of interface hepatitis at the time of treatment withdrawal has been associated with a lower risk of relapse.1

AIM

Main objective: to assess the relapse rate after discontinuation of treatment in AIH patients with prolonged biochemical response and to identify the factors associated with relapse.

Secondary objectives: to identify the predictive factors of histologic remission and to evaluate the evolution of hepatic fibrosis.

METHOD

This multicenter retrospective study was conducted in 5 University Hospitals and 2 private practice centers from France. The medical files of consecutive patients diagnosed as having type 1 AIH were reviewed. Patients were included if they: 1) fulfilled the revised AASLD criteria for the diagnosis of definite or probable AIH; 2) had a sustained biochemical remission on first-line immunosuppressive therapy as defined in AASLD and EASL guidelines;2-3) 2) had a liver biopsy following sustained biochemical remission or stopped treatment without liver biopsy according to the decision of the physician in charge of the patient. Relapse was defined as any elevation of serum aminotransferase and/or γ-globulin levels. Relapse rate was analyzed using Kaplan-Meier method. Predictive factors of histologic remission were analyzed by univariate and multivariate logistic regression.

RESULTS

The cumulative rate of relapse was 12% at 12 months and 25% at 64 months. Only one patient with Metavir score 4 at treatment withdrawal relapsed. Other relapses were two patients Metavir A1 and 4 patients who didn’t have liver biopsy before treatment withdrawal.

The rate of relapse after discontinuation of treatment in AIH patients with biochemical remission is defined as


duration of CT treatment, median (range) 4

duration of biochemical remission, median (range)


duration of biochemical remission, median (range) 5


duration of treatment, median (range) 6


duration of treatment, median (range) 7


duration of treatment, median (range) 8


duration of treatment, median (range) 9


duration of treatment, median (range) 10


CONCLUSIONS

This study shows that the relapse rate after treatment withdrawal in AIH patients may be lower at approximately 25% at 5 years when the treatment is stopped after a prolonged period of biochemical remission and a complete histological response. Older, mild to moderate fibrosis at diagnosis and serum AST levels in the upper range of normal at the time of control biopsy are independent predictors of histological response. In addition, we confirm that immunosuppressive treatment of AIH not only prevents further progression of the disease in biochemical responders but allows significant regression of fibrosis even in cirrhotic patients.

REFERENCES


ACKNOWLEDGEMENTS

The authors are grateful to the physicians who participated in this study.