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EDITOR'S QUIZ: GI SNAPSHOT

Cholestatic hepatitis with marked thrombocytopenia

Clinical presentation

A 54 year old woman was admitted because of abnormal liver laboratory tests (serum bilirubin 3.0 mg/dl, alanine aminotransferase 492 U/l, aspartate aminotransferase 186 U/l, alkaline phosphatase 199 U/l, and gamma glutamyl transferase (GGT) 154 U/l), associated with normosideric anaemia (haemoglobin 9.0 g/dl, red blood cells 3.1 T/l). The patient's history was unremarkable for liver disease. On physical examination she was pale without stigmata of chronic liver disease or lymphadenopathy. Abdominal ultrasound was uneventful. The patient was consuming anti-inflammatory drugs, statins, and used hormonal replacement therapy. Metabolic, toxic, and viral (hepatitis B virus, hepatitis C virus, cytomegalovirus) causes were ruled out and magnetic resonance cholangiography did not reveal pathology of the biliary ducts. Test for antismooth muscle antibodies was positive. The patient was asked to stop taking potentially hepatotoxic drugs, and following moderate improvement in laboratory tests was discharged for further ambulatory surveillance. After six weeks she was readmitted because of fever and persistence of hepatitis with aggravating cholestasis (alkaline phosphatase 457 U/l, GGT 1062 U/l). Her regular blood counts revealed fluctuating thrombocytopenia ranging from 55 to 16 g/l, associated with moderate anaemia and leukopenia. Corticosteroids normalised the temperature but had no definitive effect on hepatic or haematological parameters.

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Question

What further diagnostic examinations would you suggest?

See page 648 for answer

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