# **Autoimmune Liver Diseases**

## Autoantibodies provoking permanent liver damage

#### What are autoimmune liver diseases?

Autoimmune liver diseases occur when the body's immune system attacks cells of liver, bile ducts and gallbladder. These diseases affect globally people of all ages and show common characteristics with other liver diseases such as hepatitis, alcohol-induced liver disease and cirrhosis. The three main categories of autoimmune liver disease are autoimmune hepatitis (AIH), primary biliary cirrhosis (PBC), and primary sclerosing cholangitis (PSC); all three diseases are well-defined entities with diagnosis based upon a constellation of clinical, serologic, and liver pathology findings.<sup>1</sup>

#### Prevalence of autoimmune hepatitis in different countries of the world

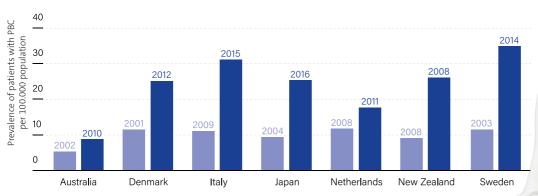
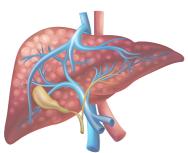


Fig. 1. The point prevalence (per 100,000 population) of autoimmune hepatitis in different countries, reported after 2000. (adapted from Tanaka)<sup>2,3</sup>

#### Liver affected by autoimmune diseases

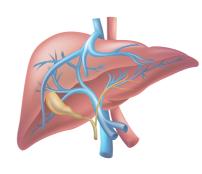
#### Inflamed liver

Symptoms occuring with liver inflammation:



- > Fatigue
- Abdominal swelling, distention, or bloating
- > Diarrhea
- > Jaundice
- > Low-grade fever
- Nausea with or without vomiting

#### Healthy liver





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#### How are autoantibodies used for diagnostics?

Looking at a characteristic morphologic liver patterns of autoimmune hepatitis, it shows that the pattern is similar to chronic hepatitis. In PBC the destruction of small intrahepatic bile ducts and canals is clearly visible, while in PSC periductal fibrosis and inflammation involving larger bile ducts with variable small duct damage is detectable. A serum testing will offer more insights as antimitochondrial antibodies will be found in a patient with PBC, antinuclear, anti-smooth muscle, and anti-LKM antibodies are prominent in AIH, and pANCA in PSC. Although most cases of autoimmune liver disease fit into one of these three categories, overlap syndromes (primarily of AIH with PBC or PSC) can occur in up to 10% of all patients. The diseases can gain additional complexity due to sequential syndromes with transition from one form of autoimmune liver disease to another.<sup>1,4,5</sup>

#### **Parameter disease correlation**

_	PBC	PSC	AIH Type 1	AIH Type 2	AIH Type 3
ANA anti-nuclear antigens	•	•	•	•	•
<b>LKM-1</b> anti-liver-kidney microsomal 1				•	60
<b>LC-1</b> anti-liver cytosolic 1				•	
SLA/LP anti-soluble liver antigen		* · · · · · · · · · · · · · · · · · · ·	•	••••••••••••••••••••••••••••••••••••••	•
AMA-M2 anti-mitochondrial M2	•	em			
Sp100 anti-nuclear antigen 100 kDa	•	em			
gp210 anti-glycoprotein 210 kDa	•	em • • • • • • • • • • • • • • • • • • •	# * * * * * * * * * * * * * * * * * * *		
LBR anti-lamin B receptor	•	en			
p-ANCA anti-neutrophil cytoplasmic		•	•		I J

Fig. 2. Parameter disease correlation. (adapted from Shoenfeld and Meroni)<sup>4</sup>

### **Ordering information**

Name	Unit/Size	Format	REF
LIVER-LIA	24 tests	IgG	ITC66205
AMA M2	96 Tests	IgG	ITC60040
LKM-1ANTIBODIES	96 tests	IgG	ITC66050
ANA SCREEN	96 tests	lgG/lgA/lgM	ITC60001
ANA Screen (cut-off)	96 tests	lgG/lgA/lgM	ITC70001
ANA LIA	24 Tests	IgG	ITC92000

#### References

- Autoimmune liver disease: overlap and outliers Washington, Modern Pathology, 2007
- 2. Autoimmune hepatitis: 2019 Update, Tanaka, Gut and Liver, 2020
- 3. Current understanding of primary biliary cholangitis, Tanaka, Clinical and Molecular Hepatology, 2021
- 4. The general practice guide to autoimmune diseases Shoenfeld and Meroni, 2012
- 5. Autoantibodies in systemic autoimmune diseases Conrad et al. 2015





