AUTOIMMUNE HEPATITIS
SCORES PREDICT TREATMENT FAILURE

In patients with autoimmune hepatitis, use of the MELD, MELD-Na and UKELD scoring systems can predict early failure of treatment with corticosteroids, according to a research group from Kings College Hospital, London, UK.

Typically, 90% of patients with autoimmune hepatitis respond well to initial therapy. However, for the ~20% of patients who have an acute presentation "failure to respond to corticosteroids places them at significant risk of developing liver failure and requiring an emergency transplant," explains Andrew Yeoman, lead author. The ability to identify early the patients who are likely to fail initial treatment would enable their therapy to be adjusted to prevent clinical deterioration and the need for liver transplantation.

The researchers retrospectively analyzed data from 72 treatment-naive patients with icteric autoimmune hepatitis. MELD, MELD-Na and UKELD scores were calculated at treatment initiation (day 0), day 3 and day 7 after the start of corticosteroid treatment. Laboratory parameters, including serum bilirubin and globulin levels, were also recorded at these time points.

The scoring systems were found to be better predictors of early treatment failure than the laboratory parameters. The change in the scores at day 7 had greater predictive accuracy than the scores at day 0 or day 3. In addition, almost 20% of the patients did not respond to the first-line therapy, which indicates that patients with icteric presentations have more severe disease and higher rates of morbidity than those without an icteric presentation (10% fail treatment).

Now that early predictors of treatment failure have been identified, "the next logical step is to try and define which agent represents the best second-line immunosuppressive treatment in this clinical context," concludes Yeoman.

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