

Medikamentös-toxische Leberschädigungen

- Breites Spektrum von Minimalveränderungen, Fettleberhepatitis, autoimmune hepatitis, akute und chronische Leberentzündung, cholestatische Veränderungen, akutes Leberversagen und Zirrhose
- Schwierige differentialdiagnostische Abgrenzung, da keine spezifischen morphologischen Schädigungsmuster
- Allein histologisch keine Abgrenzung von viral oder autoimmun bedingten Hepatitiden möglich
- Bildung von Autoantikörpern möglich (z.B. ANA,SMA)

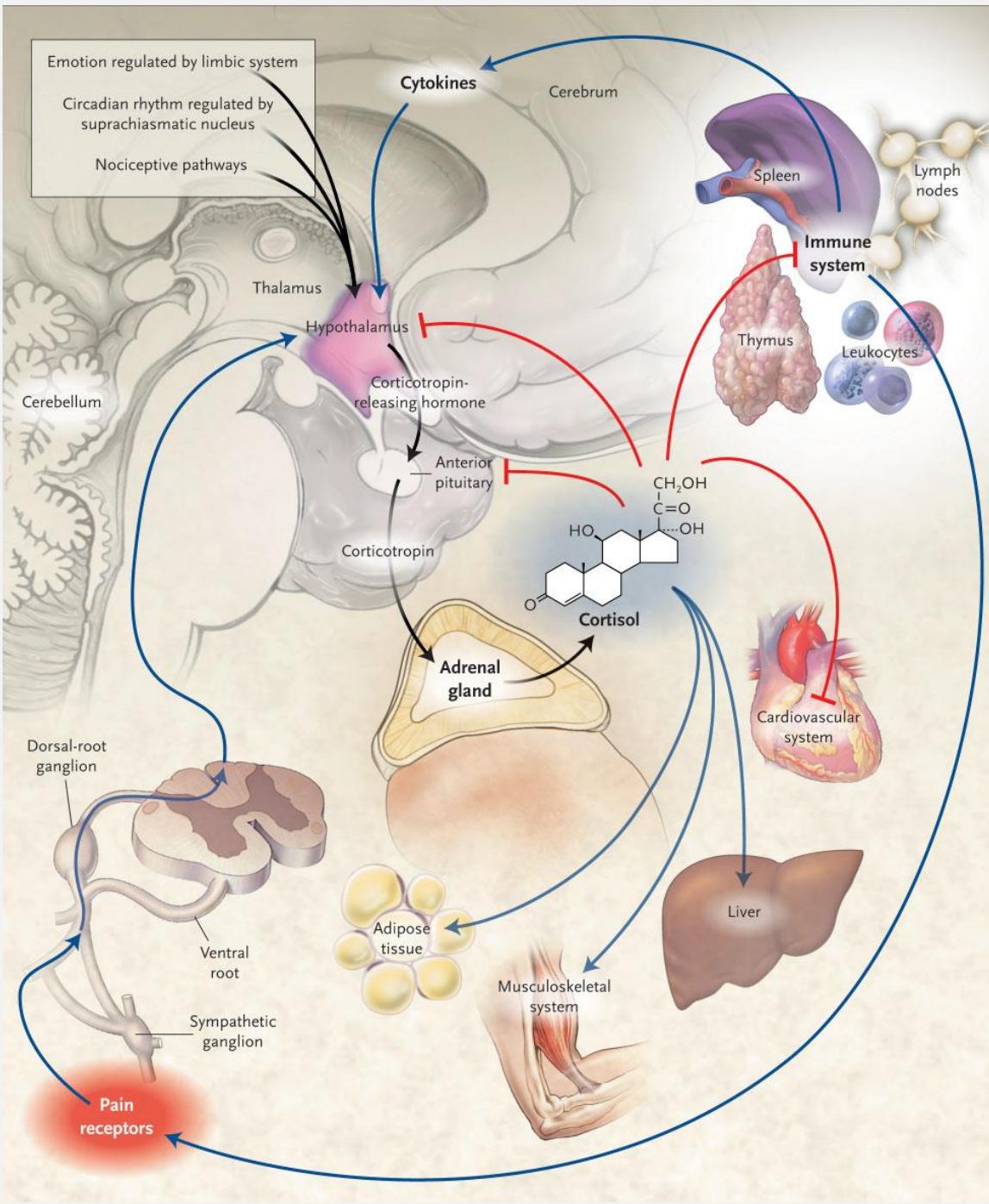
Drug-induced liver injuries

Very variable changes of liver tissue

- Minimal changes in portal tracts or intralobular
- Non-alcoholic steatohepatitis
- Autoimmune hepatitis
- Acute and chronic inflammation of the liver
- Cholestasis
- Acute liver failure
- cirrhosis

Drug-induced liver injuries

- No specific pattern of injury of the liver tissue
- Difficult differential diagnosing
- Histologically great resemblance to viral induced hepatitis
- Occasional occurrence of antibodies (e.g. ANA, SMA)



from:
 Rhen T, Cidlowski JA
 N Engl J Med (2005)
 353, p 1713

Einteilung der medikamentös-toxischen Leberschädigungen nach Pathogenese

1. Intrinsischer Mechanismus
 - a. Direkt (dosisabhängig, direkte Hepatozytenschädigung)
 - b. Indirekt (dosisabhängig, indirekte Hepatozytenschädigung)
2. Idiosynkratischer Mechanismus
 - a. Immunologischer Mechanismus - allergische Reaktionen, Fieber, Exantheme, Eosinophilie
 - b. Metabolischer Mechanismus – meist über kovalente Bindungen von Arzneimitteln an Proteine, gegen die immunologische Reaktionen ausgelöst werden können

Pathogenetical classification of drug-induced liver injury

1. Intrinsic mechanism
 - Direct injury of hepatocytes (dosis-dependent)
 - Indirect injury of hepatocytes (dosis-dependent)
2. Idiosyncratic mechanism
 - Immunologic mechanism – allergic reaction, fever, exanthema, eosinophilia
 - Metabolic mechanism – mostly via covalent bindings to proteins induce an immunological reaction

Morphological classification of drug-induced liver injury

1. Injury of hepatic type

- Acute : necroses mostly centrolobular, apotoses, collapsed fields hemorrhage, swelling of hepatocytes, inflammatory infiltration of portal tracts by lymphocytes and histiocytes, ceroid-containing macrophages, granulomas
- Chronic : inflammatory infiltration of peri-portal regions and portal tracts by lymphocytes and histiocytes, plasma cells, eosinophilic granulocytes, interface hepatitis, intralobular hepatitis, fibrosis

2. Injury of cholestatic type

3. Fibrosis

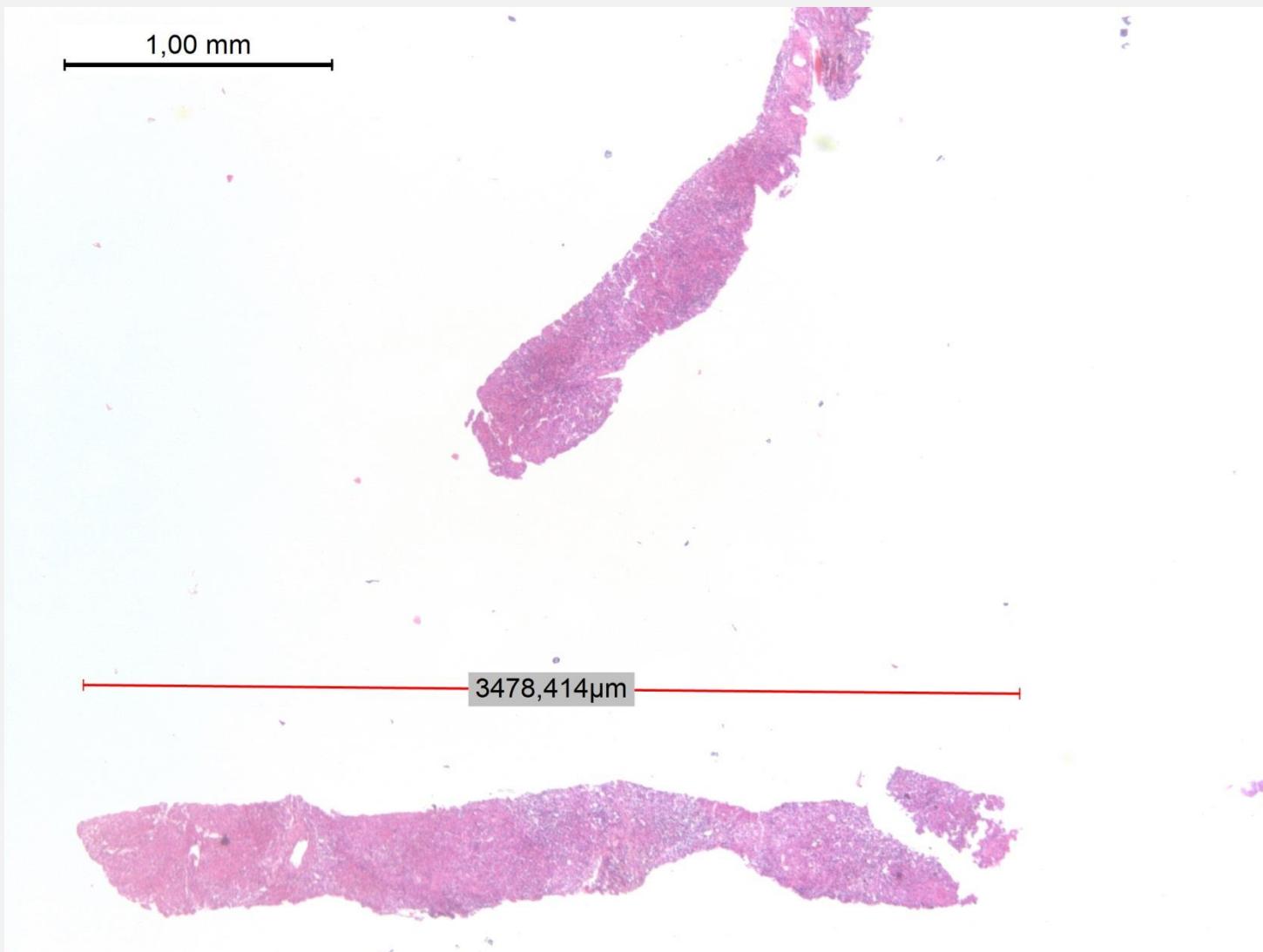
4. Damage of vessels

5. Neoplasia

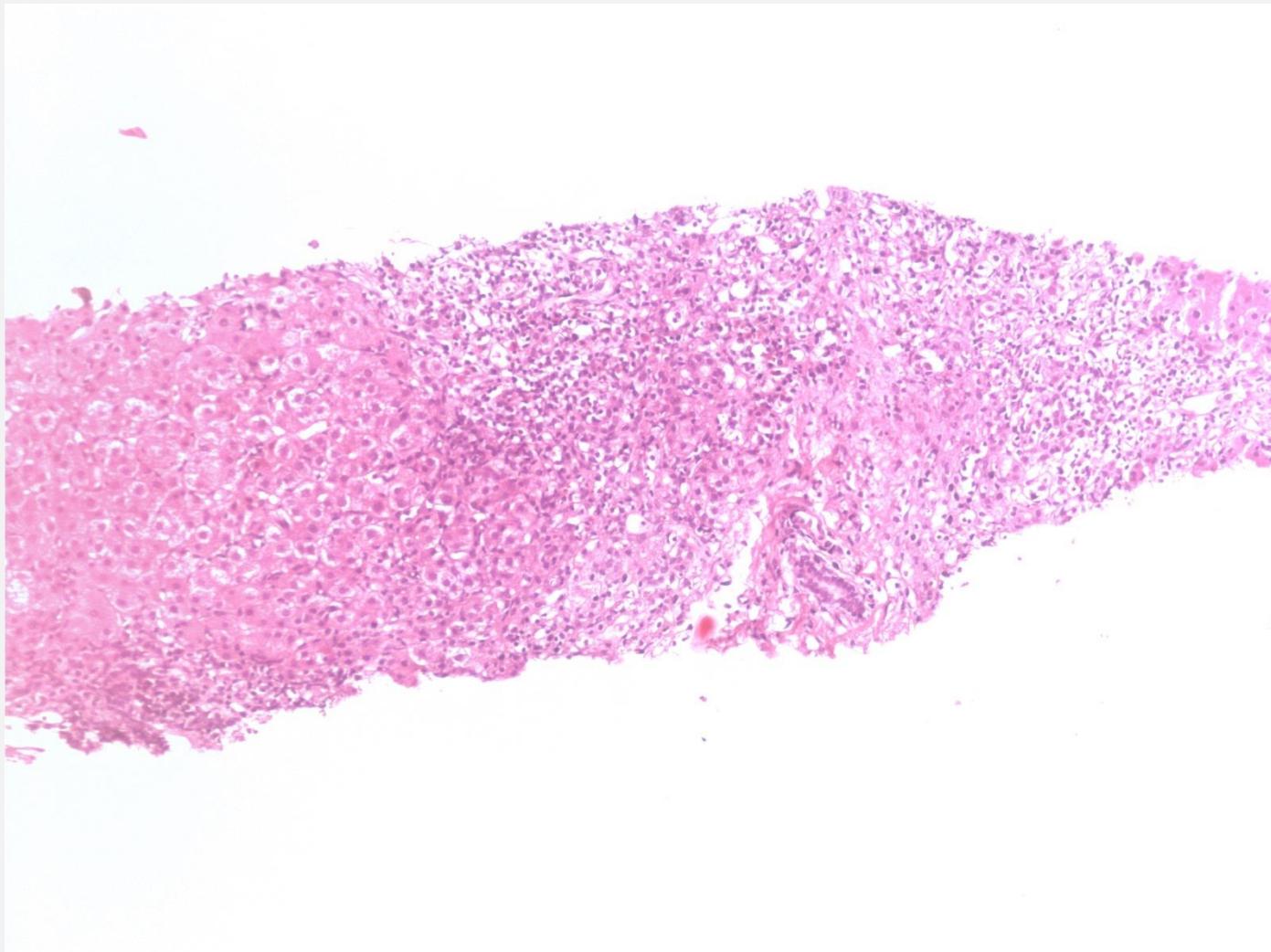
Einteilung der medikamentös-toxischen Leberschädigungen nach Morphologie

1. Schäden vom hepatitischen Typ
 - a. akut: Nekrosen - meist zentrolobulär, Apoptosen, Gerüstkollaps, Einblutungen, Ballonierung der Hepatozyten, lympho-histiozytäre Entzündung, Ceroid-beladene Makrophagen, Granulome
 - a. Chronisch: betont periportale Infiltrate aus Lymphozyten, Plasmazellen, eosinophilen Granulozyten, Histiozyten, Interface hepatitis, intralobular hepatitis, Fibrose
2. Schäden vom cholestatischen Typ
3. Fibrose
4. Gefäßschäden
5. Neoplasien

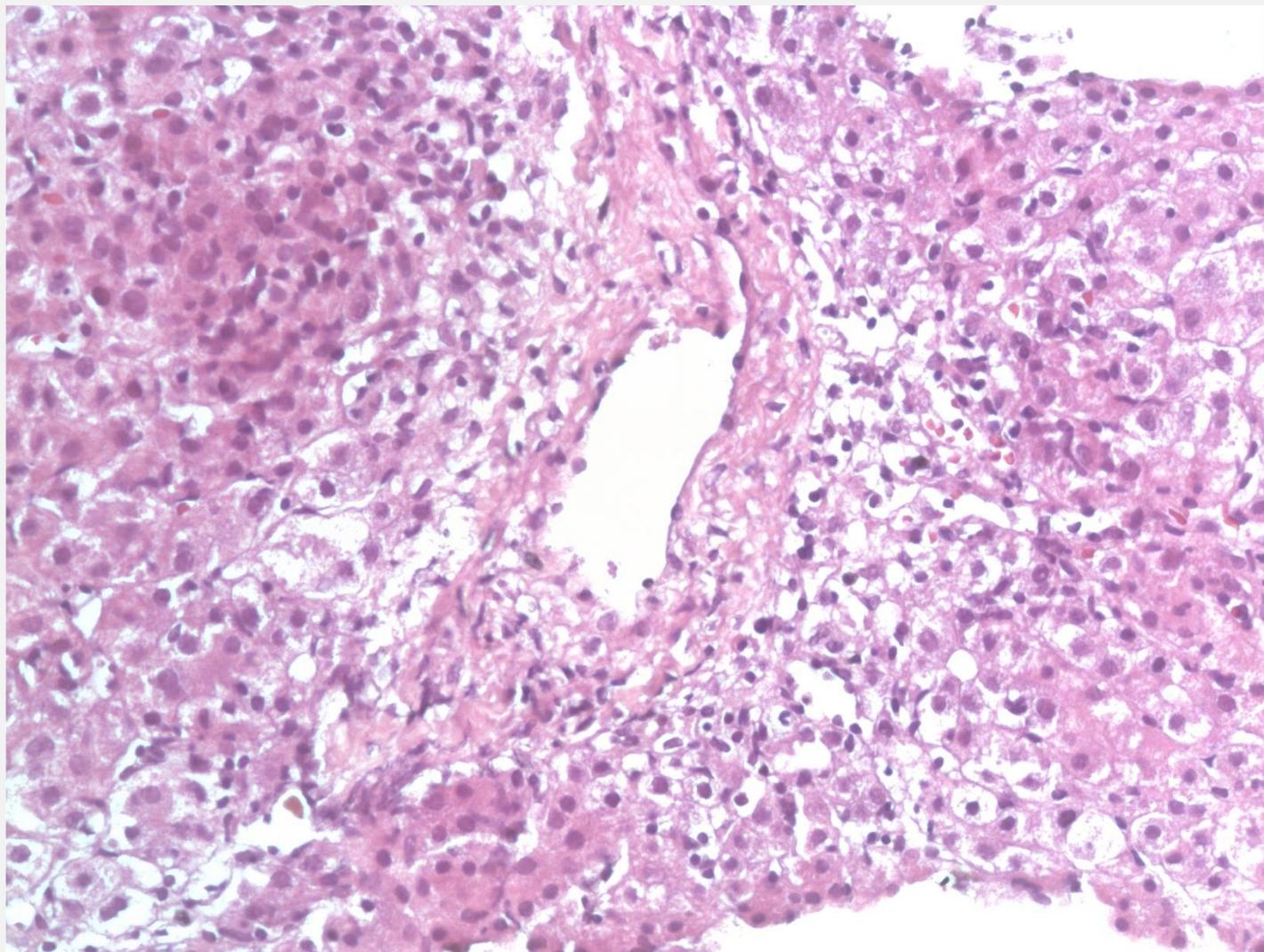
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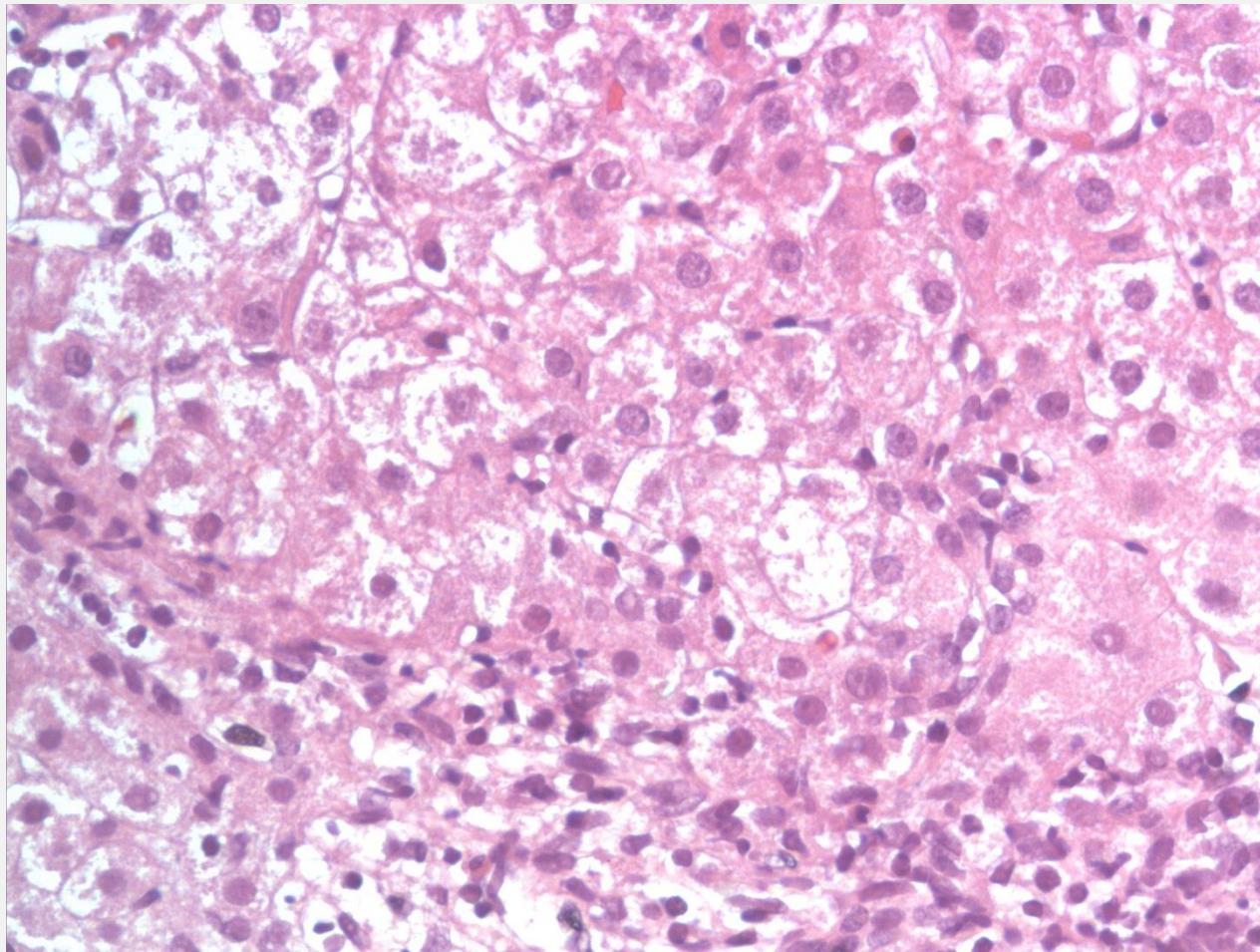
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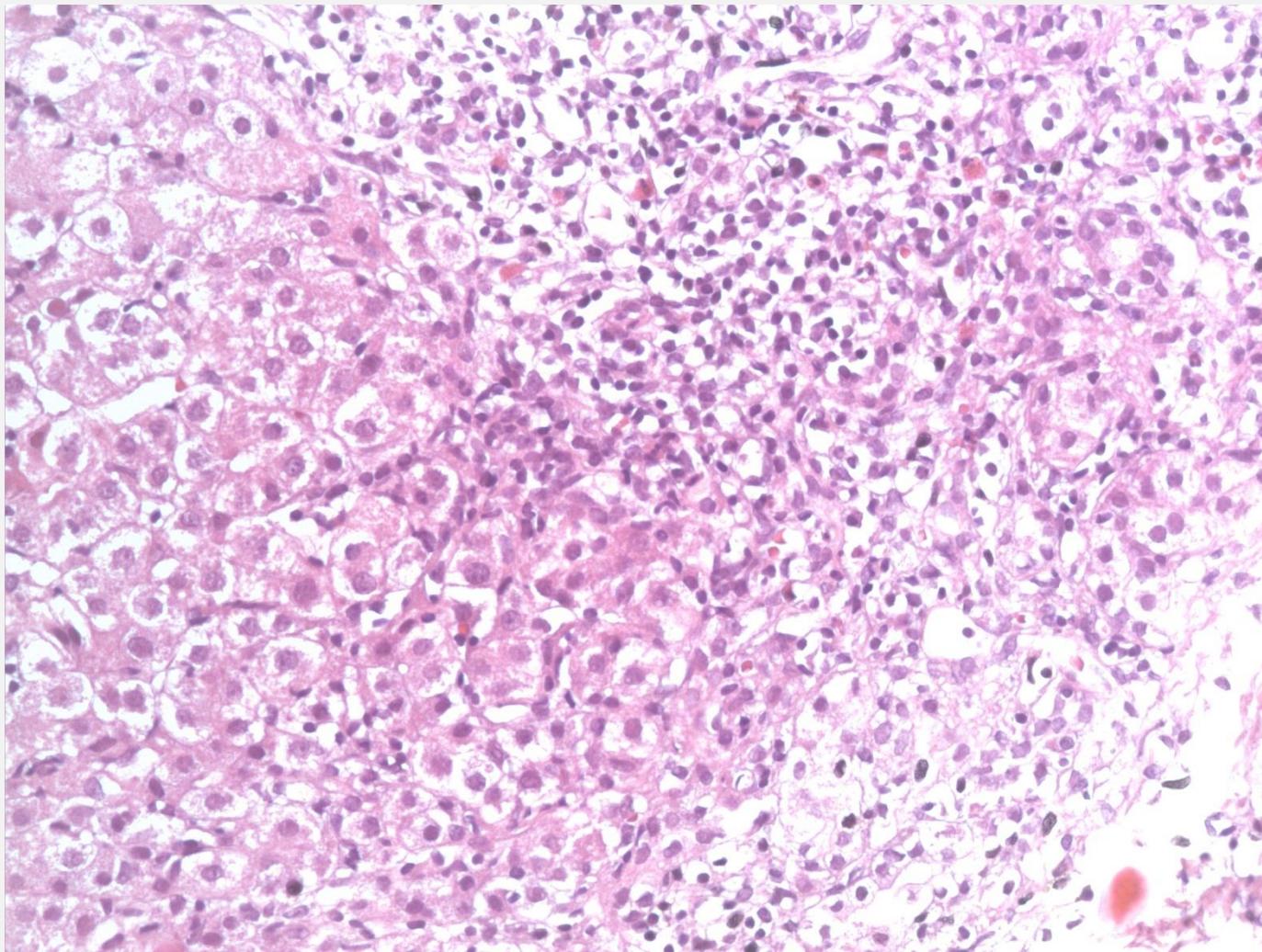
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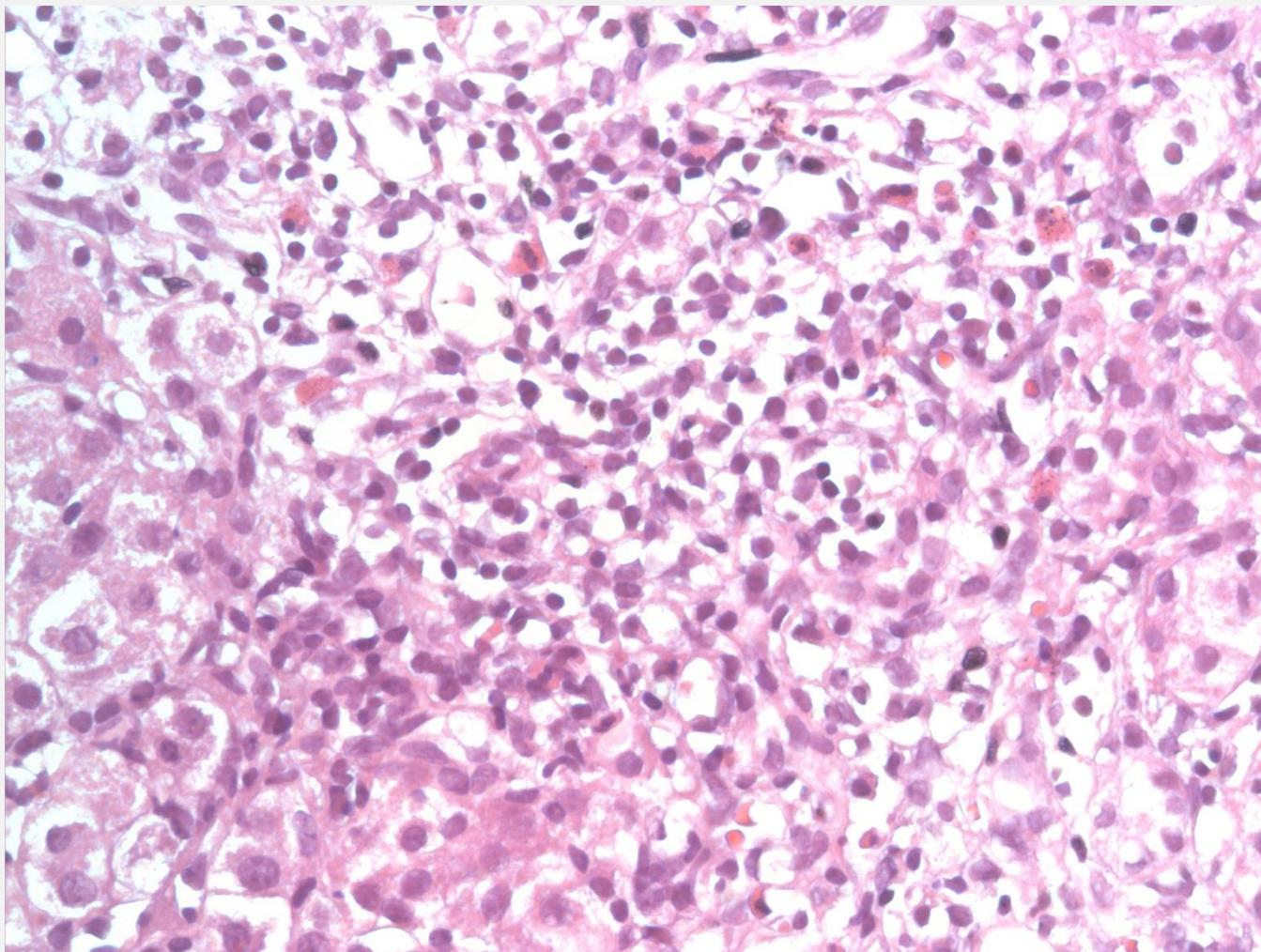
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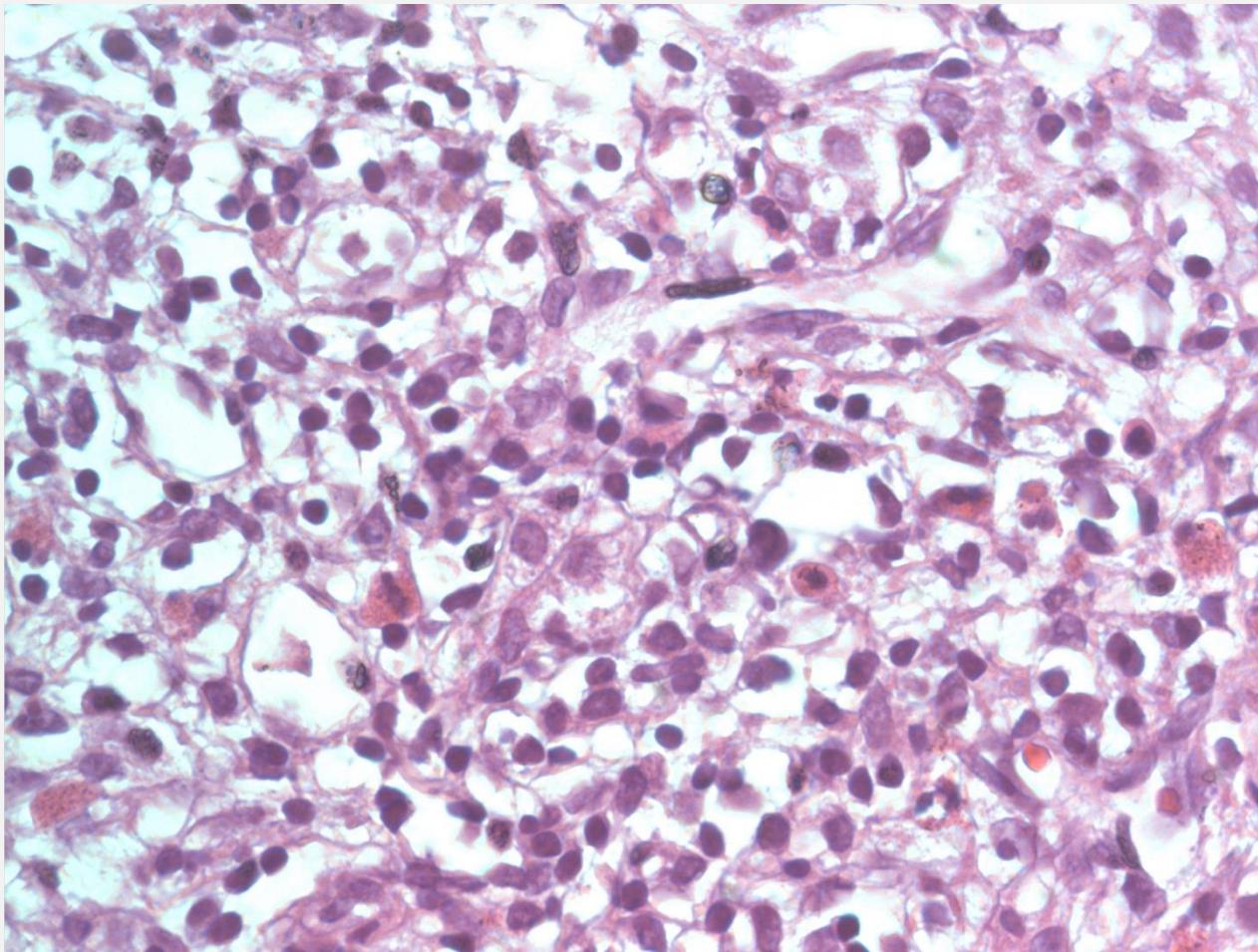
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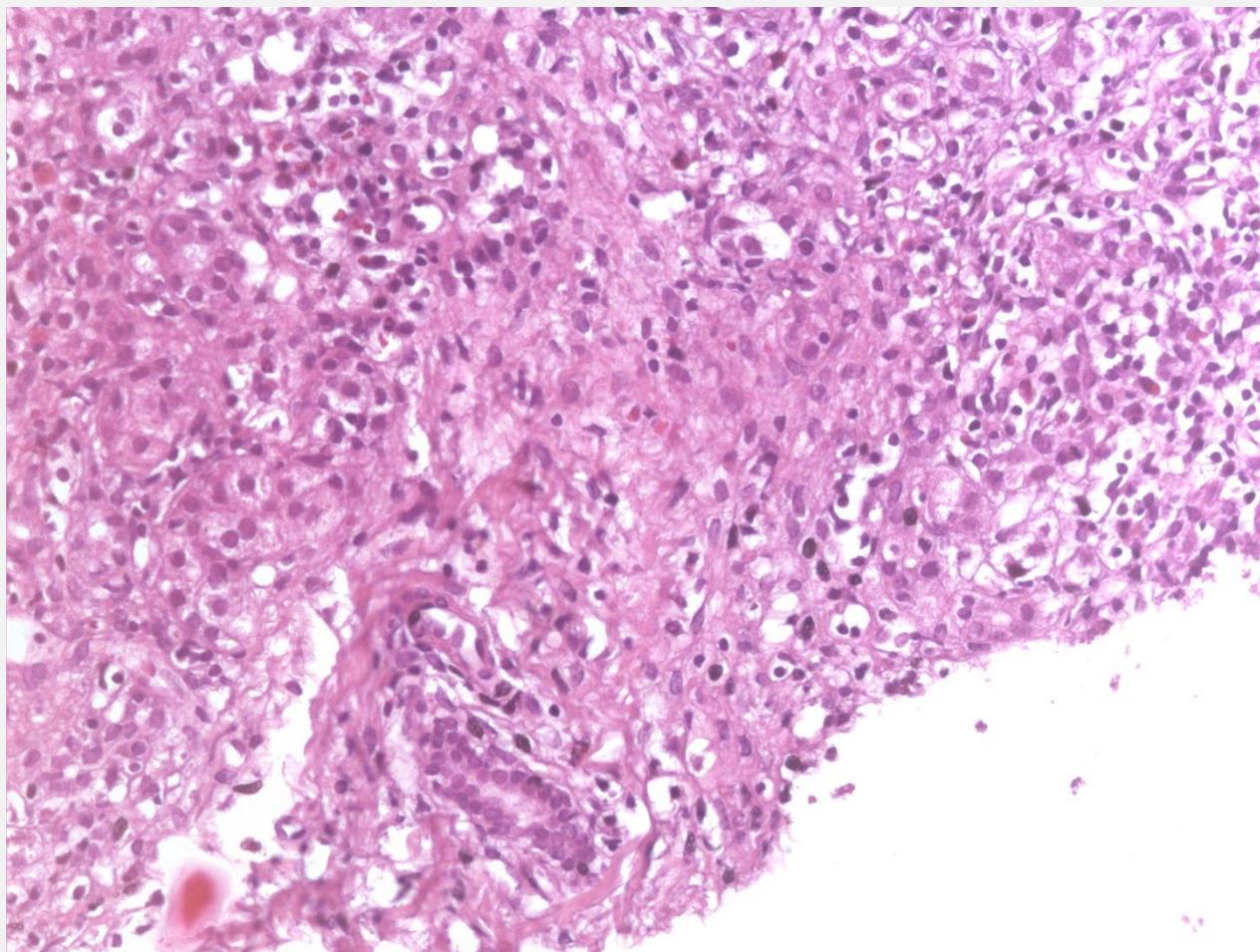
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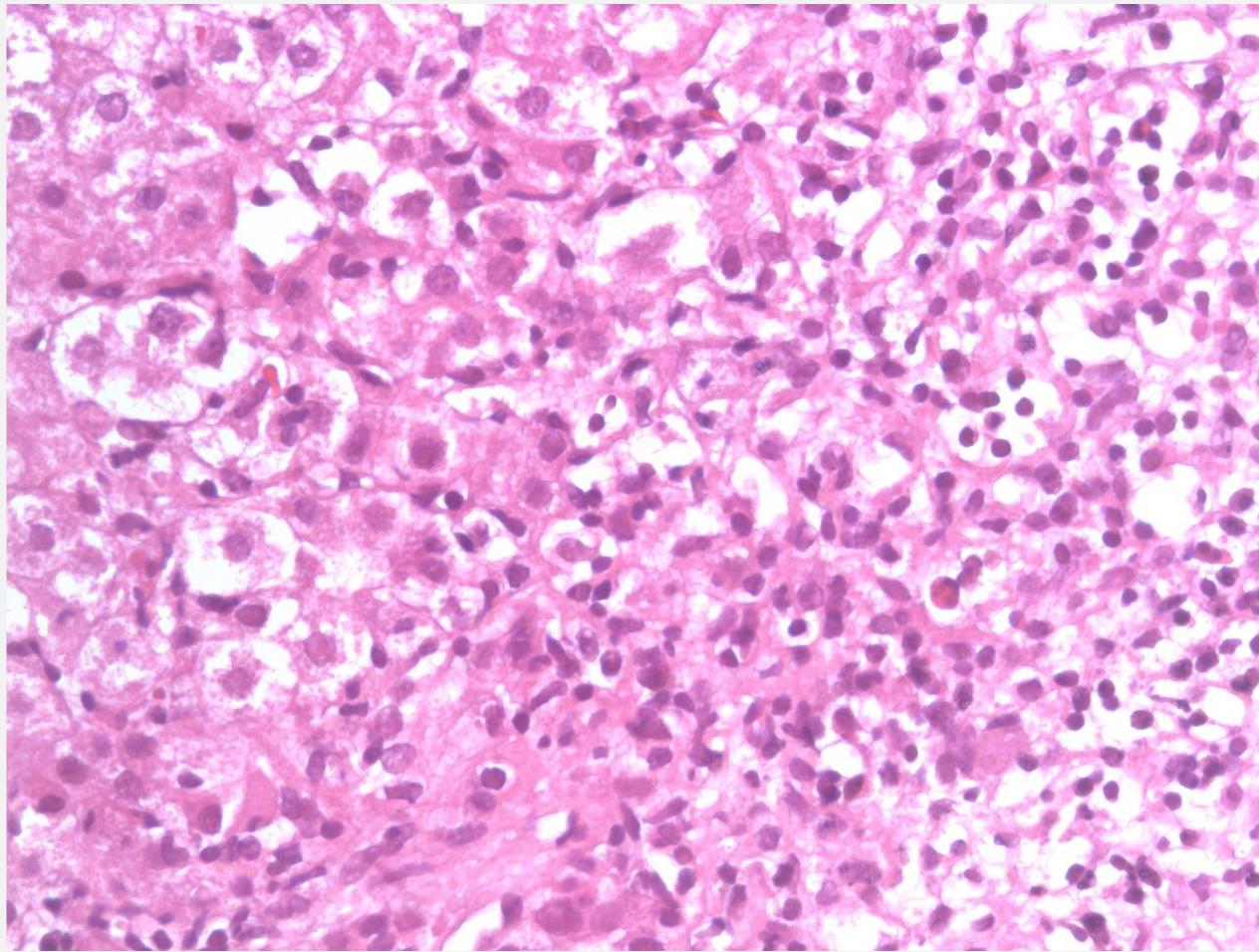
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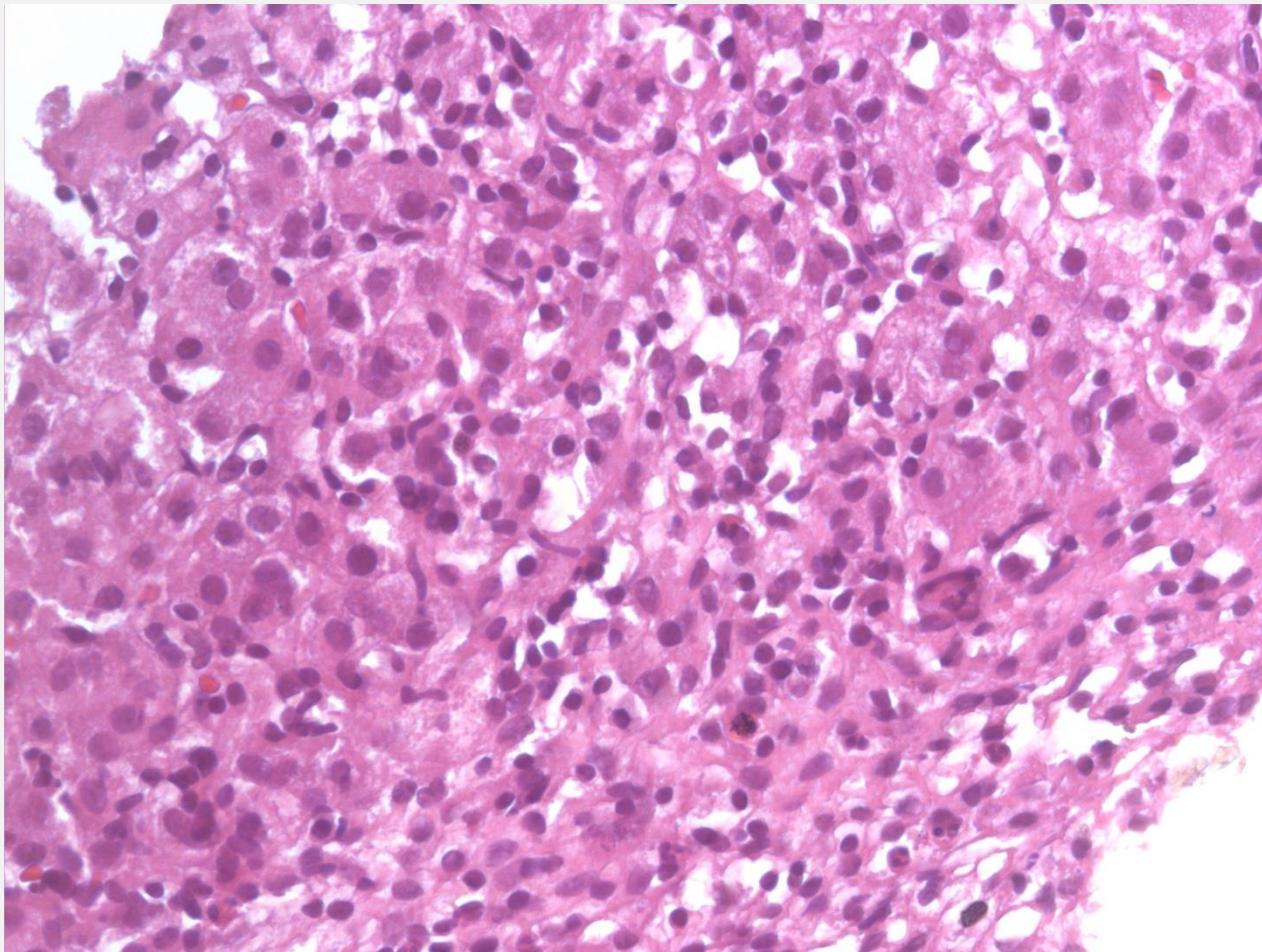
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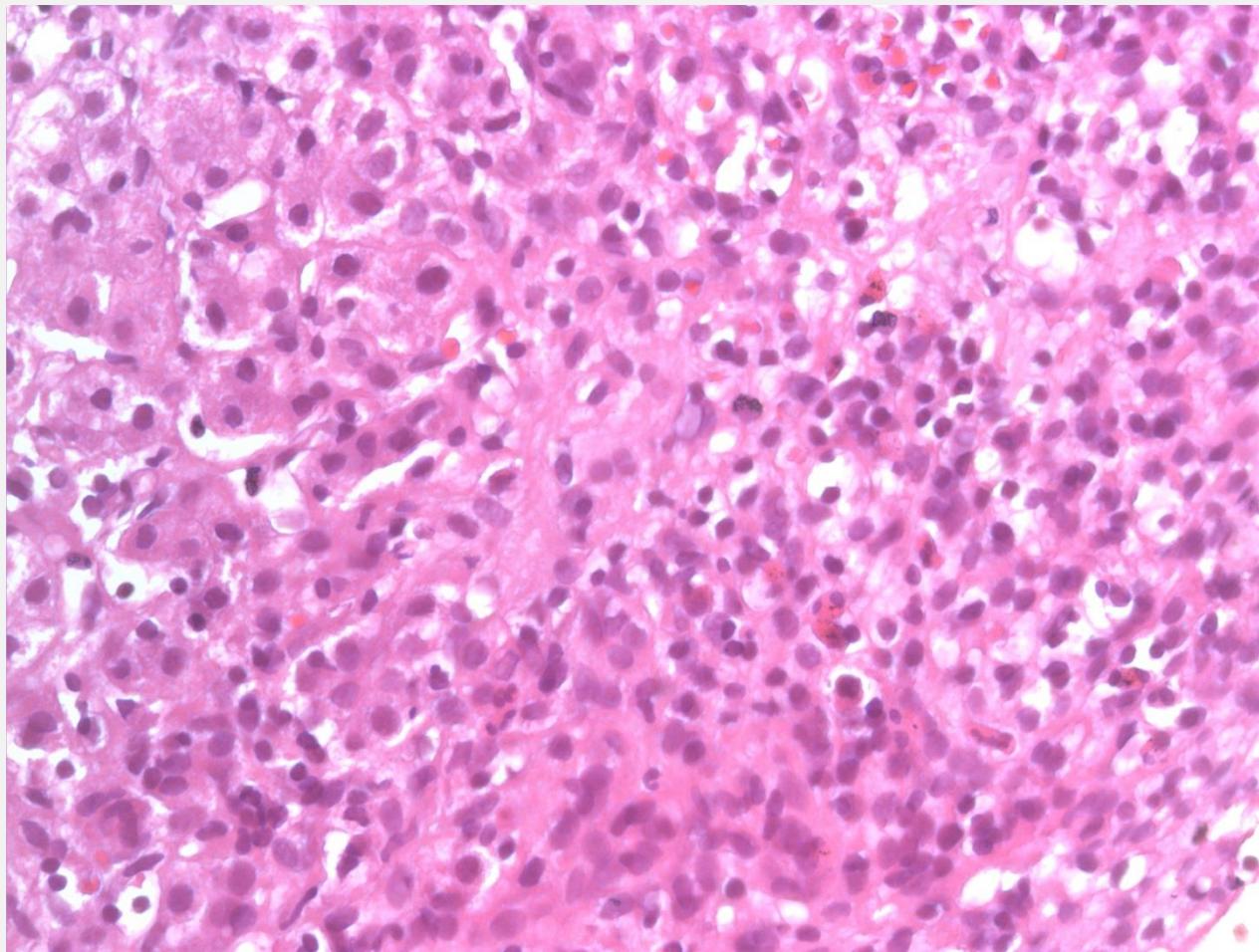
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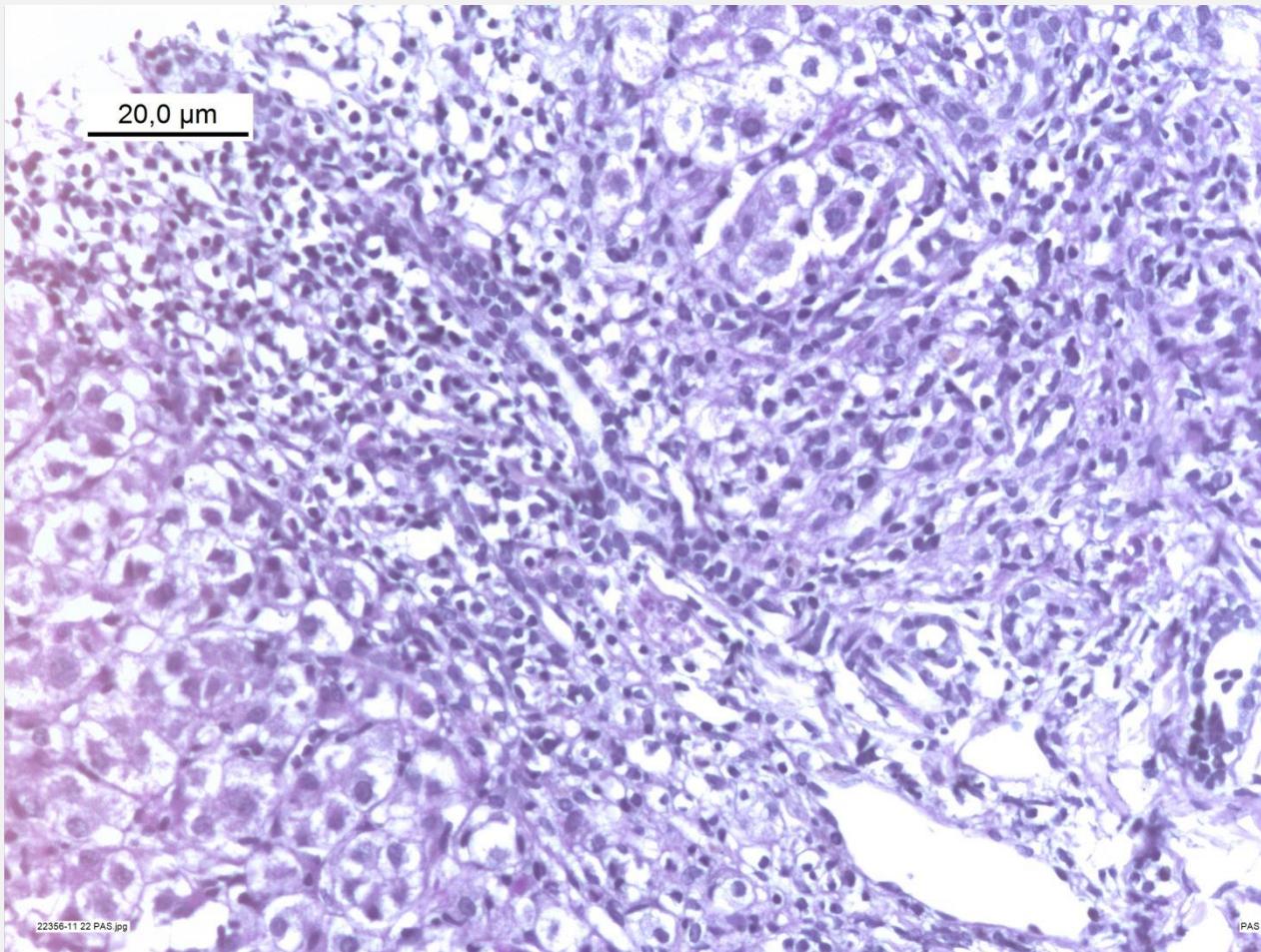
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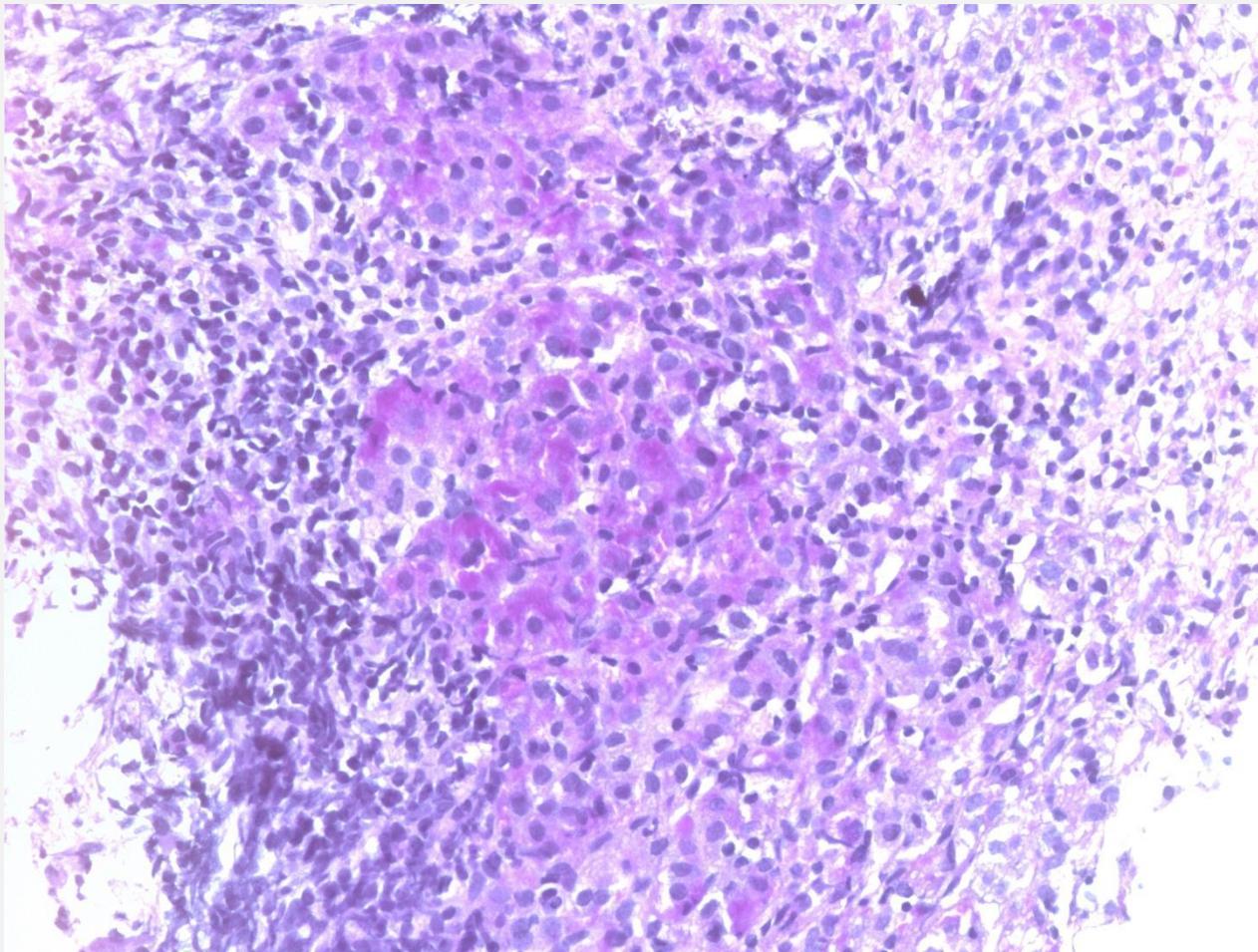
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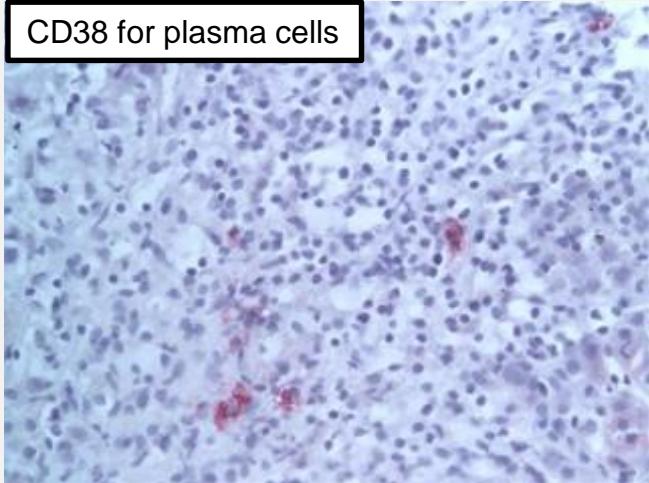


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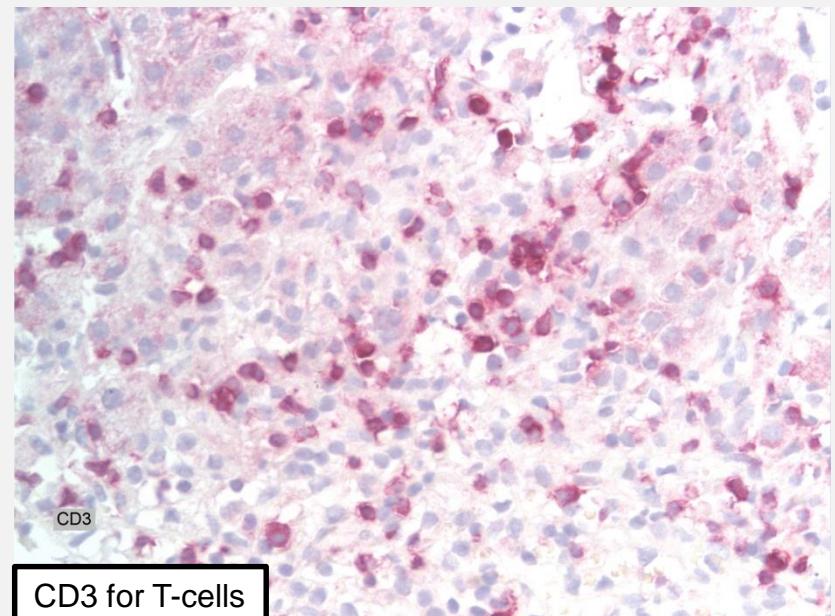
Immunohistochemistry for CD38-positive plasma cells and CD3-positive and CD8-positive T-cells

CD38 for plasma cells

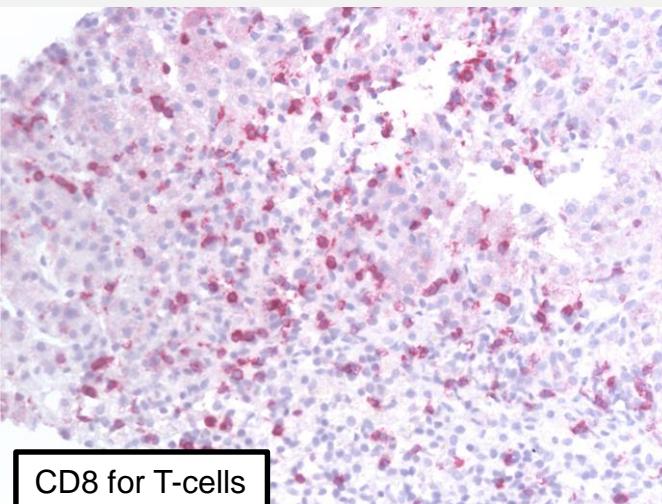


CD3

CD3 for T-cells

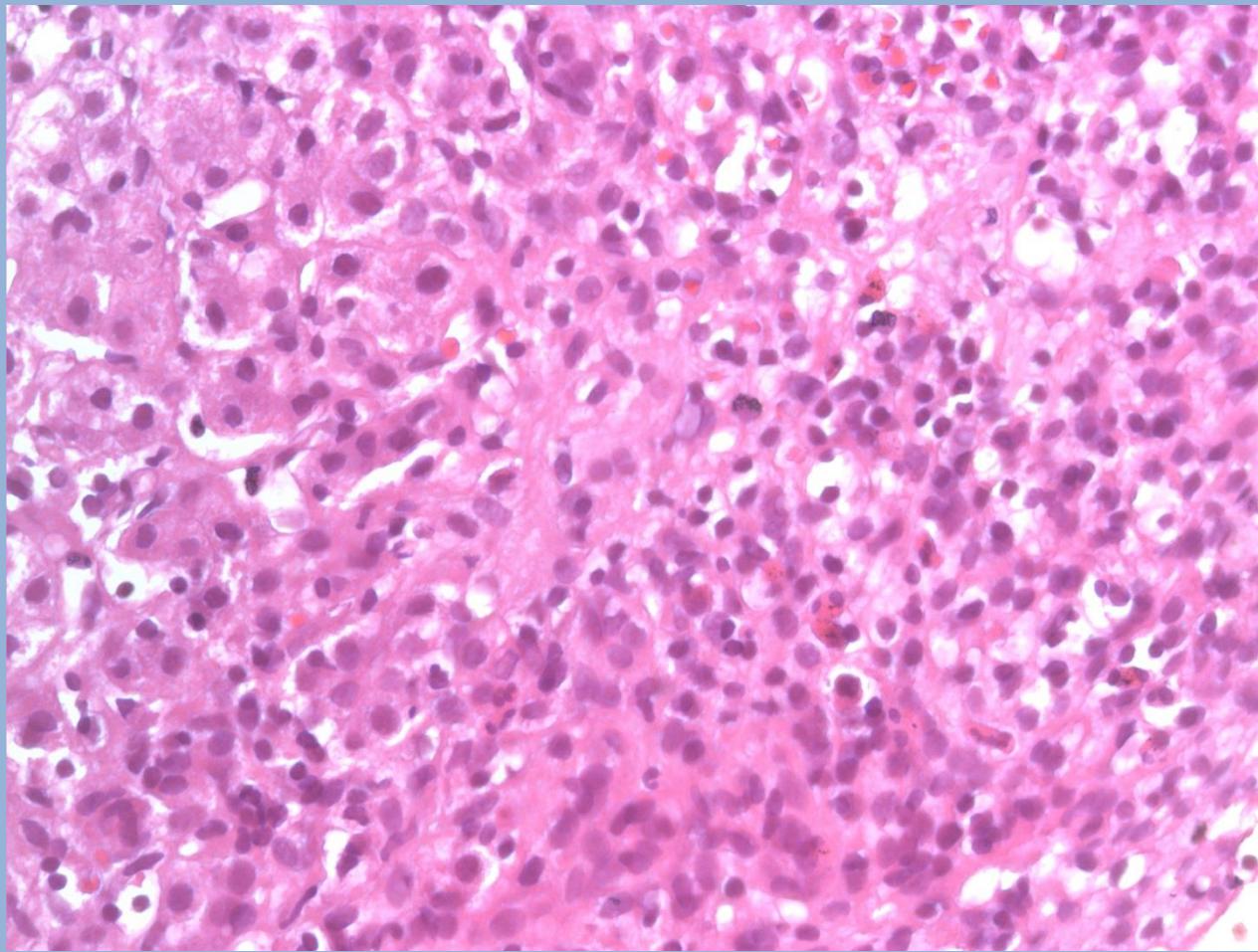


CD8 for T-cells



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