NASH AFTER STEROID TREATMENT FOR ULCERATIVE COLITIS EXACERBATION

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A 25 year old man with a history of UC was admitted in our hospital for the occurrence of bloody diarrhea. Blood exams showed normal ALT (32 U/L) and AST (27 U/L), and increased ESR (45 mm). Abdominal ultrasound where performed with no evidence of liver diseases. Colonoscopy showed left colitis consistent with UC exacerbation. He started 40 mg/day of methylprednisolone therapy for the UC exacerbation. He started 40 mg/day of methylprednisolone therapy for his UC exacerbation.

Abdominal ultrasound examination was repeated with the evidence of fat infiltration consistent with liver steatosis. Hepatitis virus (HAV, HBV, HCV, CMV, and EBV) and antibodies against mitochondria, smooth muscle and nuclear antigens were not detected by serological tests performed. Liver biopsy showed macrovesicular hepatocellular fat accumulation, perigonal inflammation and mild fibrosis. The patient denied a history of alcohol abuse and a diagnosis of nonalcoholic steatohepatitis was made. He stopped the steroid treatment in two weeks and ALT value gradually decrease to normal value. An abdominal ultrasound examination was repeated with the evidence of fat infiltration consistent with liver steatosis. Infection and the CagA antigen (ELISA Helori-test® Eurospital, Trieste, Italy). Results: End points considered were: 1) SVR: sustained viral response; 2) R: relapse; 3) NR: Nonresponse; 4) DT: Discontinuation of the therapy. In Group A, 6 cases of thyroid dysfunction have been shown (1 case of hypothyroidism, with a consequent substitutive hormonal therapy), a young man has presented a severe arrhythmias (vF which required electrical cardioversion), 2 patients have developed mild–moderate depression, which has not determined a discontinuation of therapy, 5 patients have instead develop mild–moderate depression which has caused interruption of therapy, 5 patients have instead developed mild–moderate depression which has caused interruption of therapy. In Group B, 25 (40%) patients have interrupted the therapy for side effects (depression). A dose modification has been required in 7 pz (16,3%) for anaemia in group B against 4 pz (12,5%) of group A; 4 pz (9%) for thrombocytopenia opposite to 2 (5%) in group B. The frequency of flu-like syndrome has been similar in the two groups (25,6%) for anaemia in group A against 5 pz. (12.5%) of group B; 4 pz (9%) for thrombocytopenia opposite to 2 (5%) in group B. The frequency of flu-like syndrome has been similar in the two groups (25,6%) for anaemia in group A against 5 pz. (12.5%) of group B; 4 pz (9%) for thrombocytopenia opposite to 2 (5%) in group B.