THE MANAGEMENT OF AUTOIMMUNE HEPATITIS WITH BIOLOGIC THERAPIES: A SYSTEMATIC REVIEW

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Introduction. Autoimmune hepatitis (AIH) is a chronic disease resulting into liver inflammation by an autoimmune attack against hepatocytes [1]. It mainly affects women, and it is characterized by elevated levels of gamma globulins and interface hepatitis on liver histology [2]. The exact cause of AIH is still unknown, and it is believed to be triggered by a combination of genetic, epigenetic, and environmental factors [3]. The clinical symptoms are diverse, ranging from asymptomatic cases to liver failure. The most common clinical presentation includes arthralgias, fatigue, anorexia, and weight loss. The diagnosis is challenging due to the lack of specific diagnostic markers. The diagnosis is based on characteristic clinical and laboratory findings (elevated serum aspartate aminotransferase [AST] and alanine aminotransferase [ALT] levels and increased serum IgG concentration), and the presence of one or more characteristic autoantibodies [4]. The standard therapy is azathioprine administered for 2-4 weeks following the start of steroid treatment [5]. The biologic therapies that have shown excellent results in treating AIH are 6-mercaptopurine (6-MP), 6-thioguanine (6-TG), rituximab, and infliximab.

Aim of the study. To determine significance of biologic therapy in the treatment of autoimmune hepatitis.

Materials and methods. A systematic analysis was performed.

Results and discussion. In using 6-mercaptopurine and 6-tioguanine to manipulate the same biological pathway. A study shows 6-Mercaptopurine was effective in six patients with AIH overlap syndromes who had previously intolerant to azathioprine. A rituximab targets the CD20 glycoprotein that is present on the surface of most B cell lineages but not on plasma cells or other cell types. Infliximab targets the proinflammatory cytokine TNF-α and is used to treat autoimmune diseases.

Conclusion. Biological therapies has potential treatment option for AIH. These therapies target specific molecules involved in the immune response and vary the immune system's activity, thereby reducing the inflammation and liver damage associated with AIH. Further extensive data is needed to establish the safety and efficacy of these therapies in the treatment of AIH.

ЛИТЕРАТУРА

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ASSOCIATION OF MYOCARDITIS WITH COVID-19 VACCINATION

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Introduction. There were reported cases of cardiac events after COVID-19 vaccination in many countries and in this article we discuss the symptoms presented, possible mechanisms of action, risk factors, laboratory and instrumental diagnostics results, histological evidence of these patients and prognosis. The main reported cases were predominantly myocarditis and pericarditis associated with COVID-19 vaccination.

Aim of the study. To substantiate the correlation between Covid-19 vaccination and its cardiac complications.

Materials and methods. The study was conducted by carefully filtering out articles related to 'Myocarditis' and 'COVID-19' in various journals and was able to find the most relevant articles based on our inclusion and exclusion criteria list.

Results and discussion. Multiple studies have reported on the prevalence of cardiac complications in adults after COVID-19 infection, which include heart failure (23%-33.3%), myocardial injury/myocarditis (8%-27.8%), arrhythmia (16.7%), and thromboembolism (31%-40%). In those who develop myocarditis with elevated inflammatory biomarkers (leukocytosis, lymphopenia, d-dimer, C-reactive proteins, and procalcitonin) and elevated troponin levels, high mortality rates (51%-97%) have been described in several cases series. [5]

The predominant symptoms were chest pain (98.0% n=200), fever (37.3%), dyspnea (20.9%), and also variable reports of viral prodromes such as chills, malaise, myalgia, and headache. More cardiac-specific symptoms were palpitations and syncope [1].