

Reply to: “Distinction of autoimmune hepatitis from drug-induced autoimmune like hepatitis: The answer lies at the interface”

We would like to thank our colleagues from Indianapolis for their interest in our work.¹ We agree with Alkashash *et al.* that it is “at least the hope, that the biopsy might be able to differentiate between DI-ALH and cAIH”. Unfortunately, previous histological studies have not been able to distinguish between cAIH and DI-ALH. The authors fail to mention that a previous relatively large cohort of patients with cAIH and DI-ALH diagnosed at the Mayo Clinic did not reveal any histological difference in these entities except that none of the patients with DI-ALH had cirrhosis at baseline in comparison with 20% of those with cAIH.² Although the authors of the letter try their best to find histological features that might be helpful in the distinction between cAIH and DI-ALH, their data do not seem to be particularly helpful. Firstly, the authors found a significant component of central perivenular inflammation in the patients with cAIH not seen in the DI-ALH group. It is difficult to define DI-ALH by lack of histological features, not what it is but rather what it is not. Furthermore, the authors did not specify how DI-ALH was defined in their database and secondly, they did not report which drugs were suspected to have induced DI-ALH. DI-ALH is probably not a single entity, and histological features might be associated with the offending drug. Patients with nitrofurantoin-induced ALH had significantly higher necro inflammatory grade, more prominent interface and lobular hepatitis and a higher proportion of rosette formation than patients with minocycline-induced DI-ALH.^{2,3} Moreover, nitrofurantoin-induced DI-ALH was associated with advanced fibrosis whereas this was not found to occur in the patients with minocycline-induced DI-ALH.² Histological features of infliximab-induced DI-ALH are also of a different character and

so on.⁴ Therefore, to suggest for the generality of DI-ALH cases a set of histological features able to differentiate this entity from cAIH is perhaps not reliable in the absence of further analysis in a large cohort of well characterized patients with strict definitions and follow-up. Omics that can link specific drugs to DI-ALH⁵ may be a more realistic hope in the near future.

Einar S. Björnsson^{1,2}

M Isabel Lucena^{3,*}

Raul J. Andrade⁴

¹Faculty of Medicine, University of Iceland, Reykjavik, Iceland

²Department of Gastroenterology and Hepatology, Landspítali University Hospital, Reykjavik, Iceland

³Department of Pharmacology and Pediatrics, Servicio de Farmacología Clínica, University Hospital Virgen de la Victoria, IBIMA_Plataforma Bionand, University of Malaga, Malaga, Spain

⁴Department of Medicine, Servicio de Digestivo, University Hospital Virgen de la Victoria IBIMA_Plataforma Bionand, University of Malaga, Malaga, Spain

*Corresponding author. Address: Department of Pharmacology and Pediatrics, Servicio de Farmacología Clínica, University Hospital Virgen de la Victoria, IBIMA_Plataforma Bionand, University of Malaga, Malaga, Spain.

E-mail address: lucena@uma.es (M.I. Lucena)

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Conflict of interest

The authors of this study declare that they do not have any conflict of interest. Please refer to the accompanying ICMJE disclosure forms for further details.

Authors' contributions

All authors contributed equally to the production of this manuscript.

Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.jhep.2024.03.037>.

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Author names in bold designate shared co-first authorship

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