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Autoimmune hepatitis (AIH) is a chronic, progressive inflammatory disease that, if left untreated, can lead to the development of cirrhosis and eventually liver failure. According to the literature, 80% of appropriately treated patients achieve remission and long-term survival [1]. Current ESPGHAN guidelines recommend prednisone/prednisolone and azathioprine as the primary drugs used in therapy [2]. Azathioprine is a prodrug, which is converted into 6-thioguanine (6-TG) and 6-methylmercaptopurine (6-MMP). It is recommended to monitor these metabolites to avoid adverse effects and assess drug activity. Currently, there is no defined target level of 6-TG during the treatment of autoimmune hepatitis in children. For this reason, pediatric hepatologists base their therapeutic decisions on guidelines established for children with inflammatory bowel disease (IBD) [2]. However, reports in the literature suggest that remission of the disease may be achievable at lower 6-TG concentrations than those recommended for IBD [2]. This study evaluated whether there is a correlation between 6-TG concentration and biochemical and histological remission.

Additionally, the doctoral thesis analyzed whether it is justified to assess IgG4-positive plasma cells in liver biopsies of all patients diagnosed with AIH. An attempt was made to answer whether their presence affects the clinical presentation of the disease.

Given that standard therapy is ineffective in 10-20% of children [3], a literature review was conducted to discuss alternative treatments for AIH.