Autoimmune hepatitis (AIH) is a chronic disease of unknown aetiology, which usually progresses to cirrhosis if not diagnosed and treated promptly. Without treatment, AIH often progresses to cirrhosis and in more severe case, carries a high incidence of mortality and low rate of spontaneous remission [1]. In childhood, autoimmune hepatitis prevalently presents with non-specific indications, including hepatomegaly, stepping up serum transaminase and hypergammaglobulinemia, and it is characterized by the presence of autoantibodies [2, 3].

We report our experience with AIH presenting with atypical clinical features of visceral leishmaniasis.

Key words: child, autoimmune hepatitis, visceral leishmaniasis.
atitis. Bone marrow aspiration performed on day 2 to investigate the cause of the pancytopenia showed cellular bone marrow with relative erythroid hyperplasia. Multiple blood cultures gave negative results. We started treatment with azathioprine intravenous 5 mg/kg/24 h, but after new laboratory findings for identified detection Leishmania DNA-PCR test, the results confirmed the diagnosis of visceral leishmaniasis. Furthermore, a second bone marrow biopsy at this time revealed occasional macrophages containing amastigotes (the resting intracellular stage of Leishmania, formerly known as Leishman-Donovan bodies; Fig. 1). Review of the first bone marrow biopsy specimen failed to show any protozoa.

Visceral leishmaniasis is a systemic illness caused by intracellular protozoa of the Leishmania bononi complex [3–5, 10]. Classic visceral leishmaniasis is characterized by irregular fever, pancytopenia, hepatosplenomegaly, hypergammaglobulinaemia, and the production of a wide spectrum of autoantibodies [1, 2, 4].

Liposomal amphotericin B and prednisolone treatment was started. A total dose of 4 mg/kg/24 h and tablets 5 mg/24 h of prednisolone was administered with complete regression of clinical and laboratory abnormalities. The patient’s blood count returned to normal 2 months after starting treatment with amphotericin B.

Conclusion

Visceral leishmaniasis must be considered in the differential diagnosis of hepatitis (mimicking the clinical picture of autoimmune hepatitis), associated with anaemia and hypergammaglobulinaemia, especially in children from endemic regions.

Moreover, visceral leishmaniasis should be suspected in patients with fever, hepatosplenomegaly and cytopenia, especially if they reside in the Mediterranean region.

References


Address for correspondence
Dr. Greta Wozniak
Radiology Department,
Medical School, University of Thessaly
Larissa, Greece
e-mail: greta@med.uth.gr