DDSEP Chapter 9: Question 2

In a patient hospitalized for severe alcoholic hepatitis, which of the following would be an indication to treat with methylprednisolone?

A. Maddrey discriminant function greater than 32
B. Massive variceal hemorrhage
C. Ascites with spontaneous bacterial peritonitis
D. Albumin less than 3.0 g/dl
E. AST/ALT ratio greater than 2

The recommended response is A.

Severe jaundice and coagulopathy with a Maddrey discriminant function greater than 32 (calculated according to the formula \( \text{Bilirubin (mg/dl)} + 4.6 \times (\text{Prothrombin time – control}) \)) identifies patients with high mortality. In these groups steroids appear to improve short term survival. Patients lacking these findings have not been shown to benefit from steroids. Steroid use is relatively contraindicated in the setting of infection or gastrointestinal bleeding.

Chapter 7: Training in Hepatology

DDSEP Chapter 9: Question 8

A husband and wife seek your advice. Last year their daughter died of cirrhosis at the age of thirty. A nephew on the husband’s side also developed cirrhosis as a young adult. The couple’s older son, age 25, has recently been found to have a mild abnormality of serum transaminases with normal bilirubin. A younger son, age 20, has normal liver tests. None of the affected individuals uses alcohol, none is obese, and none is chronically infected with hepatitis B or C. The couple are in their mid-50’s and apparently healthy. You suspect a hereditary liver disease. Possibilities include mutations involving any of the following EXCEPT:

A. HFE
B. TfR2 (coding for the type 2 transferrin receptor)
C. ATP7B (coding for hepatic copper transporting p-type ATPase)
D. SERPINA1 (coding for alpha-1-antitrypsin)
E. UGT1A1 (coding for bilirubin UDP-glucuronosyl transferase)

The recommended response is E.

UGT1A1 defects, including Gilbert’s syndrome and Criggler-Najjar syndrome, lead to impaired bilirubin conjugation with indirect hyperbilirubinemia. Liver function is otherwise unimpaired and cirrhosis does not occur. HFE and TfR2 defects are associated with classical adult hemochromatosis. ATP7B defects cause Wilson’s disease. SERPINA1 mutations are responsible for alpha-1-antitrypsin deficiency. All can cause cirrhosis in young adults.

Chapter 7: Training in Hepatology

DDSEP Chapter 10: Question 2

Which of the following patients are at increased risk to develop fulminant hepatic failure following acute hepatitis A infection:

A. Women during pregnancy
B. Patients with chronic hepatitis C virus infection
C. Exposure to hepatitis A during infancy
D. Patients with chronic renal failure
E. Patients with previous exposure to HBV who developed anti-HB surface antibody

The recommended response is B.

Patients with chronic HCV and likely also patients with chronic liver disease of other etiologies are at increased risk to develop acute liver failure if they develop acute HAV infection. It is therefore recommended that all patients with chronic HCV be vaccinated against HAV.
