

# AUTOIMMUNE HEPATITIS IN THE INTERNAL MEDICINE CLINIC: PROBLEMS OF EARLY DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS

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## Abstract

Autoimmune hepatitis (AIH) is a chronic and progressive inflammatory disease of unknown etiology, characterized by immune system-mediated damage to the liver parenchyma, hypergammaglobulinemia, and the appearance of tissue-specific autoantibodies. Today, a global increase in the prevalence of AIH is observed in internal medicine clinics. Because the disease often begins latently or with non-specific symptoms (asthenia, arthralgia, dyspepsia), patients present to a general practitioner or gastroenterologist late—at the stage of established liver cirrhosis. Therefore, early diagnosis and proper differential diagnosis at the primary healthcare level remain an urgent problem.

## Introduction

The main difficulty in the early diagnosis of AIH is the absence of pathognomonic clinical signs during the manifestation period. According to the criteria of the International Autoimmune Hepatitis Group (IAHG), diagnosis requires a comprehensive approach: Serological markers: ANA (antinuclear antibodies), SMA (smooth muscle antibodies), and anti-LKM1 (anti-liver kidney microsomal type 1 antibodies). However, approximately 10-15% of patients have seronegative AIH, which delays the diagnosis. Biochemical shifts: A sharp increase in ALT and AST levels, as well as high levels of IgG (or total gamma globulins). Histological picture: Periportal hepatitis. Differentiating AIH from other non-infectious hepatopathies in the internal medicine clinic is one of the most complex tasks. Drug-induced liver injury (DILI): In many cases, DILI presents a clinical and histological picture similar to autoimmune hepatitis. A carefully collected pharmacological anamnesis (propaedeutics) plays a crucial role here. Metabolic dysfunction-associated steatotic liver disease (MASLD): Today, against the background of MASLD, which has reached epidemic proportions, the latent course of AIH is increasingly common. It is a mistake to attribute the increase in transaminases in patients with obesity and diabetes solely to steatohepatitis. Overlap syndromes: The concurrence of AIH with primary biliary cholangitis (PBC) or primary sclerosing cholangitis



(PSC) further complicates differential diagnosis. In this case, positive AMA (antimitochondrial antibodies) serves as a diagnostic criterion.

Autoimmune hepatitis is a complex pathology that requires a multidisciplinary approach in the internal medicine clinic. Its early diagnosis directly depends on the clinical vigilance of general practitioners and gastroenterologists, the correct interpretation of immunological and humoral markers, and high-quality differential diagnosis. Timely detection of AIH and early initiation of immunosuppressive therapy is the only way to prevent liver cirrhosis and its fatal complications.

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