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ASSOCIATION OF AUTOIMMUNE HEPATITIS AND ARTHRITIS WITH ULCERATIVE COLITIS

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CASE REPORT

Patient (NAME), 18 years old, diagnosed with hypothyroidism since the age of 6, presented at 9 years old with episodes of fever, lower limb edema, and abdominal distension (ascites), along with elevated liver enzymes. After investigation, the criteria for autoimmune hepatitis were met, and treatment with corticosteroids, azathioprine, and ursodeoxycholic acid was initiated. At 14 years old, the patient developed thrombosis in both lower limbs, with positive antibodies for antiphospholipid antibody syndrome (APS) (anticardiolipin and lupus anticoagulant), starting treatment with xarelto, later switched to marevan, concluding that she also had APS. At 16 years old, the patient developed gastric intolerance to azathioprine, with vomiting after ingestion and irregular treatment, progressing at 17 years old with episodes of intense abdominal pain and persistent diarrhea accompanied by blood. Colonoscopies revealed ulcerative colitis, and treatment with mesalazine was initiated. In the same year, the patient developed hepatic encephalopathy, was hospitalized, and placed on the liver transplant list, undergoing the mentioned procedure on 12/01/2018. Between 2021 and 2022, while using immunosuppressants like tacrolimus and corticosteroids due to the transplant, the patient lost significant weight with active UC, presenting with fever, abdominal pain, vomiting, and diarrhea up to approximately 12 times a day, weighing 30 kg with a height of 1.62 m. Treatment with vedolizumab was initiated in August 2022, but after two applications, the patient developed severe arthritis in the knees and ankles, leading to a switch to subcutaneous golimumab, with partial improvement in arthritis but persistent active UC, evidenced by colonoscopy and biopsy. In May 2022, the patient switched from golimumab to infliximab, with controlled intestinal inflammation but continued complaints of low back pain and arthralgia. In August 2023, the patient was hospitalized with malnutrition, and a colonoscopy showed high inflammatory activity. She underwent surgery on 09/11/2023, with colectomy and ileostomy, and the infliximab dose was increased to 10 mg/kg, resulting in significant improvement, currently weighing 53 kg.

CONCLUSION

This case exemplifies the diversity of autoimmune diseases that can present as overlap syndromes, highlighting the aggressiveness of inflammatory bowel disease even in a patient with intense post-transplant immunosuppression, leading to the undesirable outcome of intestinal resection.

KEYWORDS: Ulcerative colitis, Arthritis, Inflammatory bowel disease, Association of autoimmune diseases.