Abstract 2017 I-5: Is chronic liver disease after acute hepatocellular DILI overestimated?

The vast majority of patients who develop idiosyncratic drug-induced liver injury (DILI) will recover clinically and biochemically following discontinuation of the implicated agent. However, minority of patients still have abnormal liver tests, a few months after the hepatic adverse reaction and in a small minority the liver test abnormalities will be come “chronic”. This “chronicity” is more commonly observed in patients with cholestatic DILI but has also been reported after acute hepatocellular DILI. In rare cases liver cirrhosis has been found to develop after DILI. It is not entirely clear if “chronicity”, defined as elevated liver tests 6 months or one year following DILI will lead to clinically significant liver disease in the future. It is also not clear if liver cirrhosis attributed to DILI has the same potential as other types of
cirrhosis and is associated with the risk of decompensated liver disease, can lead to liver failure and hepatocellular carcinoma. Abnormal liver tests in patients with prior diagnosis of DILI, need diagnostic work-up and competing etiologies need to be excluded in patients with chronic liver injury as in the acute setting.