

中文題目：狼瘡性肝炎及 ANCA 血管炎同時活化之慢性肝炎

英文題目：Chronic hepatitis related to concomitant lupus hepatitis and ANCA positive vasculitis

作者：楊鎮嘉<sup>1,2,3</sup>，任晏瑩<sup>4</sup>，陳和美<sup>1,5</sup>

服務單位：<sup>1</sup>博仁綜合醫院內科部 <sup>2</sup>台大醫院內科部 <sup>3</sup>台大醫院老年醫學部 <sup>4</sup>博仁綜合醫院檢驗醫學部 <sup>5</sup>三軍總醫院內科部

**Abstract:**

A 53-year-old woman with hypertension and severe fatty liver suffered from abnormal liver function for 6 months. The clinical presentation included intermittent abdominal fullness, bilateral knees stiffness, and bilateral fingers numbness and pain for several months. Intermittent low grade fever with facial redness was also noted. The initial liver function profiles revealed elevated transaminase levels (AST 47 U/L, ALT 129 U/L), and the transaminase level remained high with ALT level up to 150 U/L for 6 months despite the usage of Silymarin. The HBsAg and antiHCV exams were both negative. The abdominal computed tomography only showed severe fatty liver as the previous abdominal sonographic findings. There was no newly added medication or personal herbal use. Later, the immunological studies revealed strong evidence of systemic lupus erythematosus with high levels of ANA (1:320) and anti-dsDNA (75 IU/mL), and positive c-ANCA. After giving plaquenil, the liver function profiles gradually returned to the normal range and the c-ANCA later turned and remained negative.

In a patient with fatty liver of unexplained new change of abnormal liver function profiles, the other etiology including immunological surveys should be surveyed. The concomitant lupus hepatitis and ANCA vasculitis could respond well to immunological treatment, such as plaquenil usage.