P-053

Thyroid manifestations in autoimmune liver diseases: a single center experience

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INTRODUCTION: Thyroid diseases may be seen in various autoimmune and viral liver diseases related to autoimmunity, complications, drugs and other treatment modalities. Revised International Autoimmune Hepatitis Group score adds 2 points for accompanying thyroiditis or another autoimmune disease presence (1,2,3). In this study we aimed to assess the thyroid findings in autoimmune liver diseases (AILD) patients including Autoimmune Hepatitis (AIH), Primary Biliary Cholangitis (PBC), Overlap Syndromes and Primary Sclerosing Cholangitis (PSC). We aimed to assess the thyroid pathologies in our AILD cohort.

METHODS: Patients with AILD under follow-up in gastroenterology department of a tertiary hospital (Istanbul Medeniyet University, Goztepe Education and Research Hospital, Istanbul,Turkey) were investigated with palpation, thyroid function tests, autoantibodies and thyroid ultrasonography. The demographic and laboratory data were statistically analysed.

RESULTS: The total registered patients in a single center with AILD were 111 (101 female and 10 male; 55 PBC, 44 AIH, 10 Overlap and 2 PSC) fulfilling relevant criteria for their diagnosis. The mean age of the patients was 56,4±13,6 (23-84). Of these,13 patients had died previously related to liver problems. Of these 98 patients,Hashimoto thyroiditis (21.4%), Hypothyroidia (10%) and Basedow-Graves disease (3.0%) were assessed (Table 1). Thyroid ultrasonography revealed 74.3% had heterogenous parenchyma and 28% had thyroid nodüle(s). One patient had papillary carcinoma which later treated appropriately. Nineteen patients (19.4%) were receiving L-thyroxin.

CONCLUSION: In our AILD patients, thyroid findings were primarily Hashimoto's thyroiditis and heterogenous parenchyma. Incidentally a thyroid papillary carcinoma was detected and treated appropriately. There was no difference between subgroups by means of thyroiditis and parenchymal heterogenity. Treatment response and clinical severity were not related with thyroid manifestations. Intermittent controls of thyroid gland in AILD patients may be crucial to detect thyroid pathologies before advanced disease.

Keywords: thyroid disease, autoimmune liver disease, primary biliary cholangitis, autoimmune hepatitis, overlap syndromes

Concomitant autoimmune disease in autoimmune liver disease patients		
n=98	n	%
Hashimoto thyroiditis	21	21.4%
Rheumatoid arthritis	6	6.1%
Graves disease	3	3.0%
Sjögren's disease	2	2.0%
Celiac disease	2	2.0%
Vitiligo	1	1.0%
Psoriasis	1	1.0%
Infammatory Bowel diseases	1	1.0%
Systemic Lupus Erythematosis	1	1.0%
Raynaud's phenomena	1	1.0%
Type 1 Diabetes mellitus	1	1.0%

Ultrasonographic findings of thyroid in autoimmune liver		
n=98	n	%
Normal thyroid ultrasonography	15	15.3%
Heterogenous parenchyma	72	73.4%
Nodular lesions	27	27.5%
Thyroidectomy	6	6.1%
Thyroid tumor	1	1.2%