



The value of quality liver biopsy before initiation of corticosteroids for severe alcoholic hepatitis

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The value of quality liver biopsy before initiation of corticosteroids for severe alcoholic hepatitis

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We read with great interest the study by Ewan Forrest and his colleagues.¹ They analyzed the liver biopsies from the STOPAH trial.¹ As a reminder, recruitment to the trial was based on a clinical diagnosis of severe alcoholic hepatitis (AH). A liver biopsy was not required for inclusion. Out of 1068 patients included, 182 had a biopsy (17%). 162 were suitable for histological evaluation and 140 were diagnostic for alcoholic steatohepatitis (ASH).¹ Interestingly, the mortality of the biopsied patients was lower in those with an adequate biopsy compared with the non-biopsied patients.¹ Surprisingly, only 40 patients (4%) were biopsied before randomization.¹ The authors conclude that liver biopsy should be done for cases of diagnostic uncertainty and taken early in the assessment of severe AH. We would like to put forward our view, particularly following a recent publication from our group.²

In our recent study, we describe a category of patients who present as (clinical) severe AH but whose histological diagnosis demonstrates a less common illness, namely acute alcohol-induced microvesicular steatosis (MIC).² During three years, out of 162 patients with suspected severe AH in whom a liver biopsy was performed, 13 patients had a definite diagnosis of MIC, corresponding to 8% of our population.² The clinical presentation is in fact quite similar, especially the elevated bilirubin level (Table). Biological differences exist between the two groups (higher transaminases, triglycerides and cholesterol levels) but biopsy remains the test of choice to discriminate between the two entities (Table). There is no proven benefit of corticosteroids in the setting of MIC.

Of course, the quality of the sample, obtained by transvenous route, is necessary to demonstrate the typical features of alcoholic steatohepatitis, namely steatosis (mainly macrovacuolar), hepatocyte ballooning and neutrophilic infiltrate. In our experience, no serious complications have been noted with transvenous biopsy.²⁻⁴ The studies

(mainly French) that have studied the impact of corticosteroids are based on histologically proven diagnoses.⁵ The main differential diagnosis to consider is decompensated alcoholic cirrhosis associated with infection, a clinical situation in which steroids are deleterious (Figure).⁶

We also believe that although the prognostic utility of biopsy has been evaluated^{1,7}, there is currently no consensus on the important parameters to be taken into account and there is a lot of conflicting data^{8,9}, probably related to the timing of the biopsy, the heterogeneity of the patients included and the many factors that may come into play.

Liver biopsy should also be encouraged in academic center as part of clinical studies to advance knowledge of the mechanisms of this common disease^{2,3} with a poor prognosis and limited treatment.^{6,10}

For these reasons, we believe that it is essential to determine the presence of ASH on a histological basis not only for cases of diagnostic uncertainty but in all patients with severe (clinical) AH before starting corticosteroid treatment.⁶ In the absence of histological confirmation of ASH (10 to 20% of cases), such treatment should not be initiated.^{6,10}

Table : Comparison between acute alcohol-induced microvesicular steatosis (MIC) and severe alcoholic steatohepatitis (ASH), described in our observational study².

Both diseases present clinically as severe alcoholic hepatitis (AH).

	AH	
	MIC	ASH
Maddrey's discriminant function ≥ 32	✓	✓
Transaminases and γ GT levels	↗↗	↗
Bilirubin level	↗	↗
Dyslipidemia	✓	✗
Inflammation (neutrophil infiltration) at liver histology	✗	✓
Corticosteroid treatment	✗	✓
90-day liver transplantation-free survival	67 %	71 %

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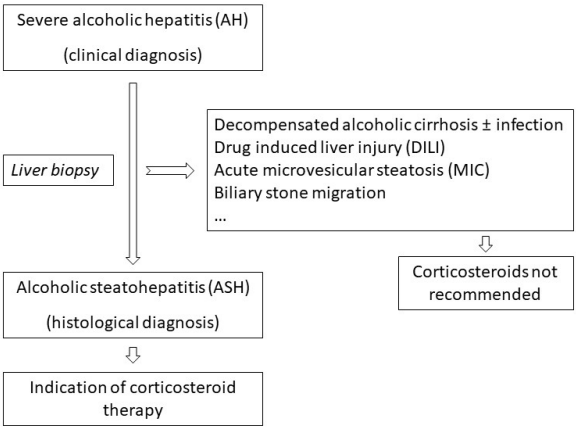
Figure legend:

Distinction between the clinical diagnosis of alcoholic hepatitis (AH) and histological diagnosis of alcoholic steatohepatitis (ASH), with some differential diagnoses and different treatment options.

For Peer Review

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