

Suspect Drug Induced Liver Injury Associated with Clodronic Acid

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Background: Drug induced liver injury is well-recognized and symptomatically can mimic both acute and chronic liver disease. DILI remain a diagnosis of exclusion.

Case History: We describe a case of 79-years old woman was admitted in ER with asthenia and jaundice. In remote pathological history: hypertension and osteoporosis, in treatment with Clodronate. On admission the patient appeared jaundiced and with normal vital signs. On abdome examination we detect pain and hepatomegaly. Laboratory studies highlighted: GOT 1136 U/l, GPT 1130 U/l, Bilirubin 8.24 mg/dl, ALP 210 U/L, GGT 415 U/L. It was started a detoxification treatment.

Acute hepatitis was suspected and for this reason it was performed other laboratory test as hepatitis virus, autoimmune hepatitis. Abdominal TC revealed periportal edema and hepatomegaly.

Discussion: The bisphosphonates were associated with only rare and isolated instances of serum enzyme elevations and no cases of clinically apparent liver injury. Clodronate is associated with two contrasting effects on the liver: Mild Hepatotoxicity in Humans and Hepatoprotective effects in animals' studies. In mild hepatotoxicity in humans no serious liver injury has reported, but mild elevation of liver enzymes. This case meets criteria for probable drug- induced liver injury due to clodronate, based on the RUCAM scoring system. Although clodronate is not widely associated with severe DILI, this case demonstrates a significant hepatocellular injury.

Time to onset from drug introduction (60 days)	+2
Course after drug withdrawal (improvement of ALT)	+2
Risk factors (Age > 55)	+1
Concomitant drug (no new drug)	0
Exclusion of criteria	+2
Known hepatotoxicity of the drug (clodronate rarely causes severe DILI)	0
Rechallenge (not done)	0
Total score	7

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