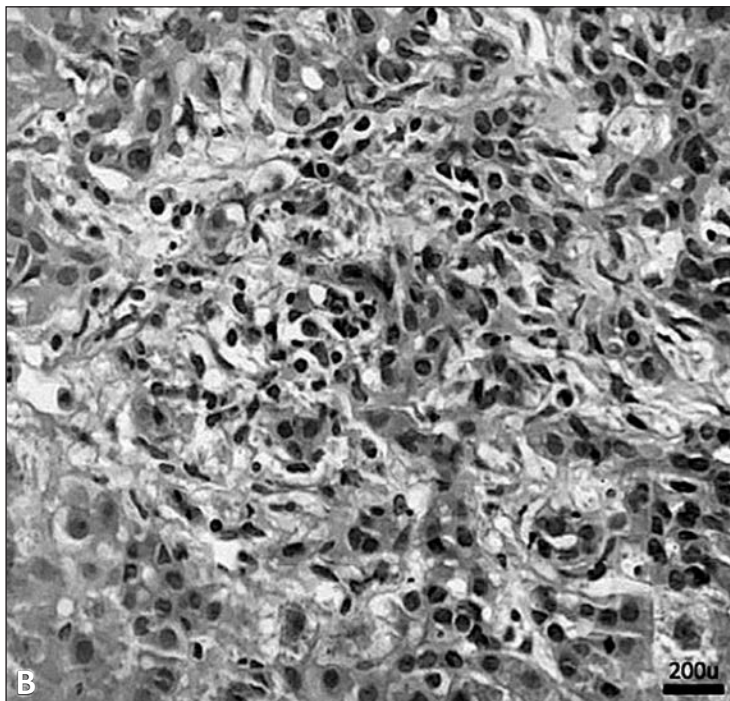


## Oral Manifestations of Autoimmune Hepatitis

**A** 33-year-old female presented with an 8-week history of dental erosions. The patient reported a 3-year history of alcoholism and denied having experienced vomiting or reflux. During the oral examination revealed halitosis, dental erosion on lingual surfaces of the maxillary teeth, jaundice on soft palate, petechiae and a red craterlike ulcer with indurated border and velvety base on the hard palate (Figure 1A). Laboratory investigations showed a total bilirubin of 1.8 mg/dl (0.0 – 1.1 mg/dl), ALT of 93 U/L (0.0 – 40 U/L), AST of 65 U/L (0.0 – 38 U/L), alkaline phosphatase of 447 U/L (40 - 150 U/L), IgG of 3200 mg/l (650 – 1600 mg/l), anti-ANA and anti-SMA antibodies were positives, and a salivary pH of  $4.61 \pm 0.32$  (6.5 – 7.5). A liver biopsy was realized. The microscopic analysis revealed interface hepatitis characterized by intense lymphoplasmacytic infiltrate deleting the interface with rosette formation and hepatocyte necrosis (Figure 1B) (1). These findings confirmed the diagnosis of autoimmune hepatitis (2-3). The patient received treatment based in steroid therapy. Her clinical evolution has been satisfactory during the three-month follow-up.



Figure 1A. Oral cavity lesions.



### References

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**Figure 1B.** Histologic findings characterized by hepatocyte necrosis and severe lymphoplasmacytic infiltrate erasing the interface with rosette configuration (HE stain, 200 μ).