



# Jaundice During Graves' Disease: Do Not Overlook Autoimmune Hepatitis

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Dear Editor,

Graves' disease is an autoimmune disorder characterized by the presence of stimulating antibodies directed against the thyroid-stimulating hormone (TSH) receptor, leading to hyperthyroidism. It may occur in an autoimmune background and can be associated with other systemic autoimmune diseases such as rheumatoid arthritis, systemic lupus erythematosus, or Sjögren's syndrome. Hepatic involvement during hyperthyroidism is well described and may be related either to the disease itself or to antithyroid drugs. However, the association between Graves' disease and autoimmune hepatitis remains exceptional and has rarely been reported in the literature [1, 2].

We report the case of a 54-year-old woman with no particular past medical history who presented with bilateral exophthalmos evolving for several months. Biological and hormonal investigations were in favor of hyperthyroidism compatible with Graves' disease. The patient was started on antithyroid drugs.

Fifteen days after the initiation of treatment, the patient developed generalized cutaneous and mucosal jaundice associated with pruritus. Liver function tests revealed cholestasis associated with hepatic cytolysis. Abdominal ultrasound showed a retracted lithiasic gallbladder with dilation of the common bile duct without any obvious obstruction, leading to discontinuation of antithyroid drugs.

Viral hepatitis serologies were negative. Magnetic resonance cholangiography (MRCP) did not reveal any obstruction of the biliary tract. The clinical course was marked by a progressive regression of jaundice. Due to the persistence of biological abnormalities, autoimmune hepatitis was suspected. Immunological investigations revealed positivity of antinuclear antibodies and anti-smooth muscle antibodies, supporting the diagnostic hypothesis.

The patient was subsequently referred for radical treatment of hyperthyroidism with radioiodine therapy after preparation with beta-blockers and corticosteroids.

Autoimmune hepatitis is a chronic inflammatory liver disease characterized by hepatocellular injury associated with the presence of autoantibodies and hypergammaglobulinemia [3]. It may occur in isolation or in association with other autoimmune diseases. Several studies have reported its association with systemic autoimmune diseases, particularly rheumatoid arthritis and Sjögren's syndrome [4].

However, its association with Graves' disease remains exceptional. Several pathophysiological mechanisms have been proposed, including a shared genetic susceptibility and immune system dysregulation favoring the concomitant occurrence of autoimmune diseases in the same patient [5]. Furthermore, the presence of liver function abnormalities in patients with hyperthyroidism may also be related to adverse effects of antithyroid drugs, which sometimes makes the differential diagnosis difficult [6].

Our observation highlights the importance of performing liver function tests before the initiation of antithyroid drugs and of pursuing a thorough etiological investigation in case of worsening or persistence of liver abnormalities during follow-up.

## References

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