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Severe alcoholic hepatitis: Glucocorticoid saves lives and transplantation is promising

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Abstract

Glucocorticosteroids have been used as the only treatment for a long time which significantly reduced the mortality of the patients with severe alcoholic hepatitis. The efficacy of transplantation has been recently addressed in a pilot study. The result seems promising but needs larger multicenter trials.

Key words: Alcoholic hepatitis; Glucocorticoids; Transplantation

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TO THE EDITOR

Amini and Runyon conclude that "the routine use of glucocorticoids for severe alcoholic hepatitis (SAH) poses significant risk with equivocal benefit"[1]. They refer to a 2008 Cochrane review but did not cite the authors' results that "Glucocorticosteroids significantly reduced the mortality of the patients with Maddrey's score of at least 32 or hepatic encephalopathy and with low-bias risk in a group of trials".

They also did not cite a recent review in a major journal which concluded that "Five patients need to be treated with corticosteroids to prevent one death"[2]. A more recent meta-analysis of individual patient data (221 allocated to corticosteroids *vs* 197 controls) confirms that corticosteroids significantly improve the 28-d survival in patients with SAH[3].

The conclusion "Histologic diagnosis of alcoholic hepatitis rules out the possibility of liver transplantation" is exaggerated according to the current literature. A teenager who develops liver failure after a deliberate overdose of paracetamol, or after contracting hepatitis B through irresponsible behaviour, has open access to liver transplantation[4]. Alcoholic patients must not be discriminated: after the transplantation, appropriate support measures must be taken with the alcohol services in the patient's locality. The efficacy of transplantation has been addressed in a study of 18 patients with SAH. Non-responders to steroids were identified by a Lille score: the 6-mo survival was 83% (compared with 44% in case-matched control) and none of the patients relapsed in the first year[5]. The result seems promising but needs larger multicenter trials.

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