Amoxicillin-Clavulanate related Liver Injury

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Amoxicillin-Clavulanate related Liver Injury

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Introduction

- Recognition of Drug-induced Liver Injury (DILI) may be challenging as it is often diagnosis of exclusion, unavailability of diagnostic test and variability in presentation.
- Many antibiotics can cause DILI but Amoxicillin-Clavulanate has rare adverse reaction causing mixed cholestatic-hepatocellular injury.

Case Presentation

- 64 year old Female with no pertinent past medical history presents with complaints of abdominal pain and jaundice on going for 4-5 days. Described her abdominal pain as constant, located in RUQ and epigastric region and non radiating.
- Associated symptoms: nausea, vomiting, metallic taste, pale colored stool and chills.
- Denies any history of hepatitis/gall stones/alcohol use/recreational drugs.
- She reported being on amoxicillin-clavulanate for 4 days for dental abscess before onset of symptoms.
- Physical examination including vital signs were unremarkable except for RUQ tenderness on deep palpation.

Diagnostic Workup

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<th>LFTs: T. Bill</th>
<th>AST</th>
<th>ALT</th>
<th>ALP</th>
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<tr>
<td>6.4</td>
<td>218</td>
<td>288</td>
<td>331</td>
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INR – 1, lipase – 210
UDS was positive for opiates
S. Acetaminophen level < 2
S. Alcohol level < 3
Hepatitis profile was non reactive.

Clinical Course

- Abdomen/pelvis CT scan with contrast showed no acute abnormalities in abdomen or pelvis.
- MRI abdomen with and without contrast with MRCP showed mild hepatic steatosis but otherwise unremarkable.

Discussion

- Amoxicillin-Clavulanate can cause hepatocellular, Cholestasis or mix type of liver injuries depending upon genetic factors or pre-existing liver conditions.
- Early recognition and removal of offending medication is initial mainstay of treatment along with supportive care.
- This case demonstrates the importance of detail history taking and review of medications which could help narrow down differential diagnosis.

References