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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 cholestatichepatocellular 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 amoxicillinclavulanate for 4 days for dental abscess before onset of symptoms
- Physical examination including vital signs were unremarkable except for RUQ tenderness on deep palpation.



INR – 1, lipase – 210 UDS was positive for opiates S. Acetaminophen level < 2 S. Alcohol level < 3Hepatitis profile was non reactive.

- 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.

### **Clinical Course**

- Patient was provided supportive care including hydration with iv fluids, symptomatic control. Symptoms improved significantly and LFTs trended down.
- Patient was tolerating diet without issues and was discharged home with follow up with primary care provider.

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## **Diagnostic Workup**



### LFTs: T. Bill 6.4 AST 218, ALT 288, ALP 331

- complication.
- 1377-1387



### 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.

Our case emphasis importance of early recognition of this reversible condition to prevent worsening of liver failure and its

### References

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