Sudha Kodali, J Gastrointest Dig Syst 2016, 6:5(Suppl)
http://dx.doi.org/10.4172/2161-069X.C1.037

Refractory ascites due to hepatic sarcoidosis

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We describe a young female with disseminated sarcoidosis presenting with refractory ascites. Sarcoidosis is a multisystem disease characterized by non-caseating granulomas of the liver and various other organs. Lungs are the most commonly involved organ systems. In about 70% patients, hepatic involvement can be seen, though only 10-30% of those actually have abnormal liver chemistry. Right upper quadrant pain, fatigue, jaundice and pruritis are the common presenting symptoms. Long standing complications include cirrhosis and sequelae of portal hypertension. Ascites can be secondary to cirrhosis/ portal hypertension or cardiac/pulmonary hypertension. Peritoneal involvement can also lead to ascites even if liver is not involved. Liver biopsy shows non-caseating granulomas and imaging in the right clinical setting shows hepatosplenomegaly, low attenuation lesions in the liver and spleen. Differential diagnosis includes fungal infections (histoplasma, Mycobacterium), granulomatous liver disease (PBC (Primary Biliary Cirrhosis), PSC (Primary Sclerosing Cholangitis), malignancy. As most of the patients are asymptomatic, treatment is not needed in many. For the ones who need therapy, 1st line agents are steroids and ursodiol. Itching can be disabling and the most challenging symptom to treat. In advanced liver disease, liver transplant may need to be considered. 0.0012% of all transplants in the USA are for sarcoidosis of the liver. Mortality rates have been reported between 1 to 5% usually from pulmonary, cardiac or CNS involvement.

Biography

Sudha Kodali did her residency in Texas and her Fellowship at UAB in Gastroenterology and Hepatology. She is currently working as an Assistant Professor at UAB. She treats patients with liver diseases and her research interests include fatty liver, hepatitis C and granulomatous liver disease.

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