

LETTER TO THE EDITOR

Letter to the editor in response to distinguishing autoimmune hepatitis from steatohepatitis in adolescents with obesity and positive screening alanine aminotransferase

Dear Editor,

We read with great interest the article by Dr. Hildreth et al., which appeared in a recent issue of the journal.¹ The authors highlighted the need to always address autoimmune hepatitis (AIH) in children with persistent hypertransaminasemia, regardless of body mass index (BMI) or ultrasonographic liver brightness. While we agree with this message, we would like to point out that a similar accurate search should be mentioned for the whole spectrum of possible coexisting treatable liver diseases, including not only rare conditions (e.g., AIH and Wilson disease) but also more common ones (e.g., celiac disease).^{2,3}

Regarding the low diagnostic accuracy of ultrasounds, we would warn that both transaminases and ultrasounds may cause unpredictable false positives and negatives. Several studies have recognized this aspect of transaminases in all age groups,^{4–7} so using transaminases with ultrasound would be wiser.

The authors finally expressed some concern that the metabolic-associated fatty liver disease (MAFLD) diagnostic criteria could overlook other diagnoses. However, their reported reference refers to adults. The Panel of Pediatric Experts⁸ strongly recommends that even with a positive diagnosis of pediatric MAFLD, the coexistence of other treatable causes of hepatic dysfunction should be investigated, particularly if liver tests or imaging do not improve after weight loss.⁸ Noninvasive liver tests and age-appropriate scoring systems must be used to rationally consider MAFLD's coexistence with other pediatric conditions.⁸ In this regard, it would be interesting to know how the internationally proposed AIH rating system⁹ performed in the three cases described in their article.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

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