CVID
Autoimmune hepatitis

NOT CVID on testing.
AIH like
CD40 ligand deficiency

- AIH like but with biliary component. MRCP showed sclerosing cholangitis type changes within the liver
- CD40 ligand deficiency—defect of B cell isotype switching AND later defect of co-stimulatory T cell help and function
- Possibly cryptosporidium—like HIV sclerosing cholangitis cases from 80s, with chronic cryptosporidium in the GI tract
CVID post Liver Transplant
CVID post Liver Transplant
CVID post Liver Transplant

- Suggestion of developing nodular regenerative hyperplasia
- Prominent cellularity in sinusoids suggesting inflammatory cells involved in damage.
Conclusions

The liver may be affected acutely or chronically with immunosuppression.

Opportunistic infections are now relatively uncommon but chronic viral hepatitis, HCV & HBV, is a burden in HIV patients and HEV increasing in solid organ transplantation.

Should alter with new phase of antiviral therapies.
Conclusion II

- Alcohol & NAFLD are important in this patient group
- Recognised side effects of IS agents; possibility from newer agents
- Non-cirrhotic portal hypertension, esp. nodular regenerative hyperplasia increasingly recognized in all groups associated with immunosuppression
- May be more than one process evident – importance of clinico-pathological correlation.