Acute Liver Dysfunction Associated With Interferon-Beta-1a (Avonex®) Use in A Young Female Patient with Relapsing-Remitting Multiple Sclerosis (RRMS)

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ABSTRACT

Background: It has been reported that liver function alterations occur in 8–38% of patients with relapsing-remitting multiple sclerosis (RRMS) treated with interferon-beta in controlled clinical trials or in prospective but non-controlled studies. We report herein a case of symptomatic liver dysfunction associated with two-year-period of regular interferon-beta-1a (Avonex®) intramuscular injections in a young female patient with relapsing-remitting multiple sclerosis.

Case: The patient was 19 year-old female with clinically proved RRMS, treated with interferon-beta-1a (Avonex®) 30 µg weekly by intramuscular injections for two years. She was referred with clinical symptoms of liver dysfunction including abdominal peri-umbilical and right upper quadrant pain, anorexia and malaise, that constipation, dark urine and icterus. Laboratory studies corroborated acute hepatitis state without any viral, autoimmune or drug-related causes. Patient's status improved after two weeks of conservative therapy and withholding interferon. Billirubin, liver function tests and liver enzyme values returned to normal.

Conclusion: Interferon-beta compounds could have serious hepatic complications, and patients using interferon-beta-1a should regularly monitor their liver function.

Keywords: Interferon-Beta-1a, Avonex®, Relapsing-Remitting Multiple Sclerosis (RRMS), Acute Liver Dysfunction.

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