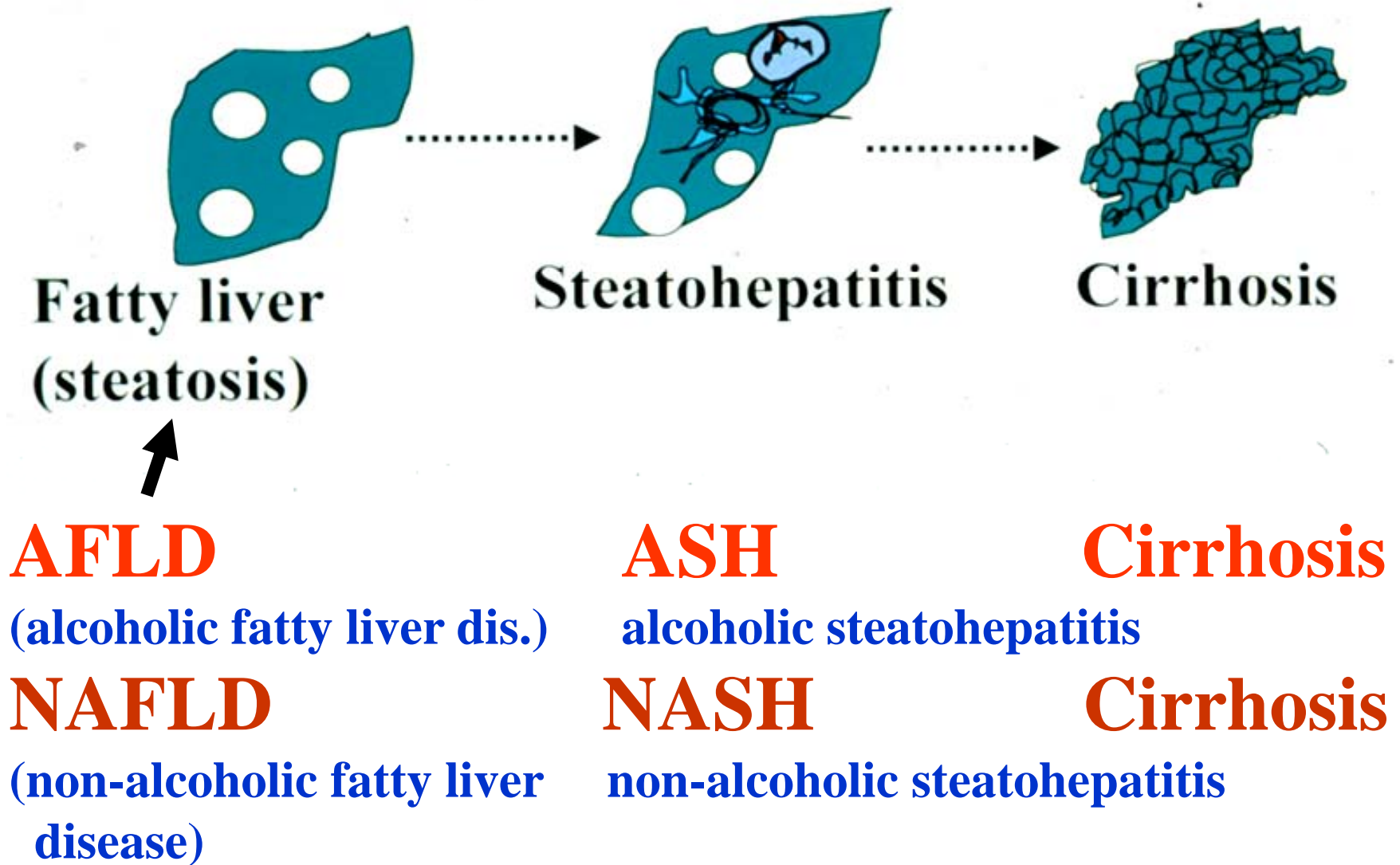
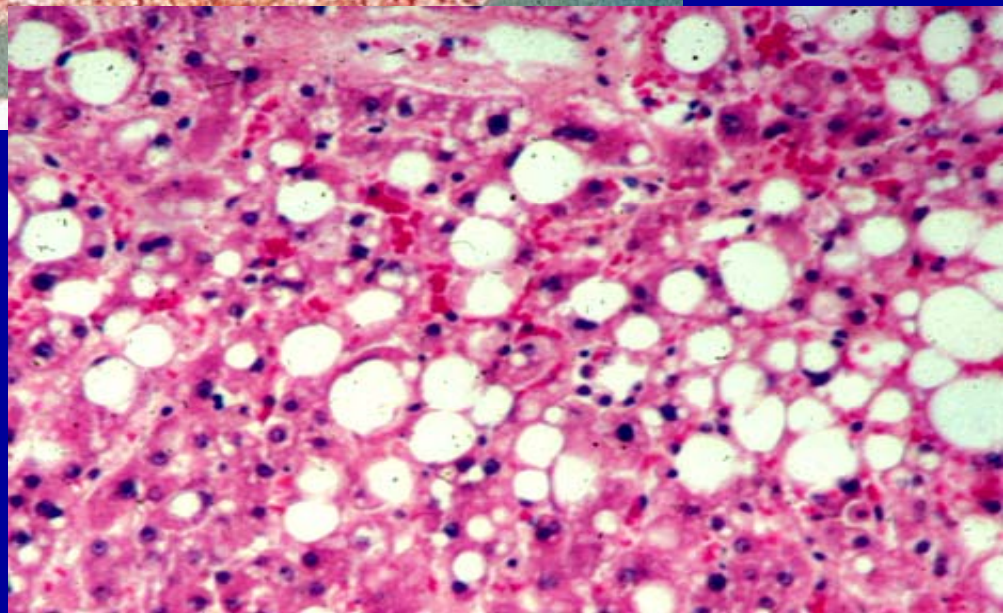
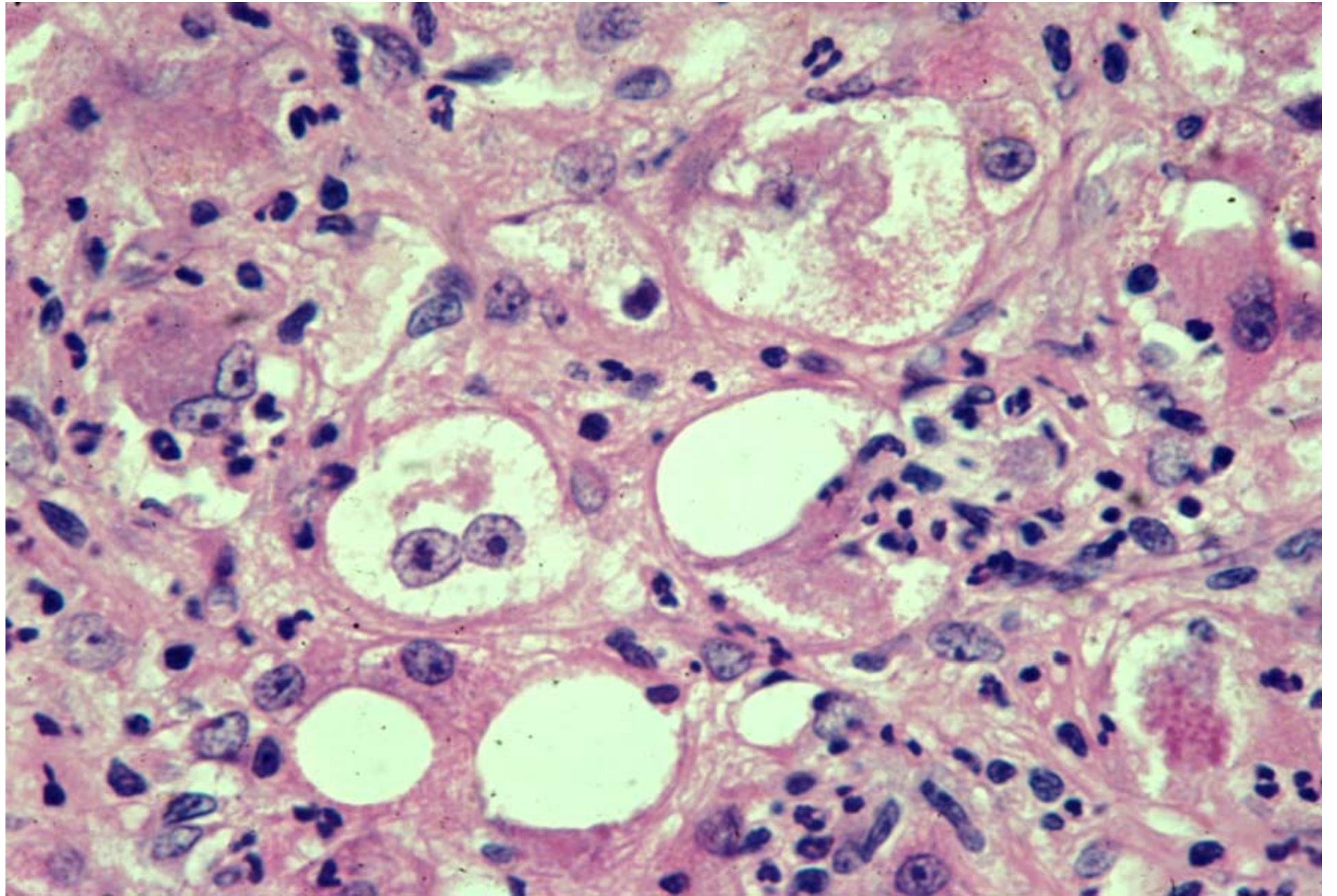


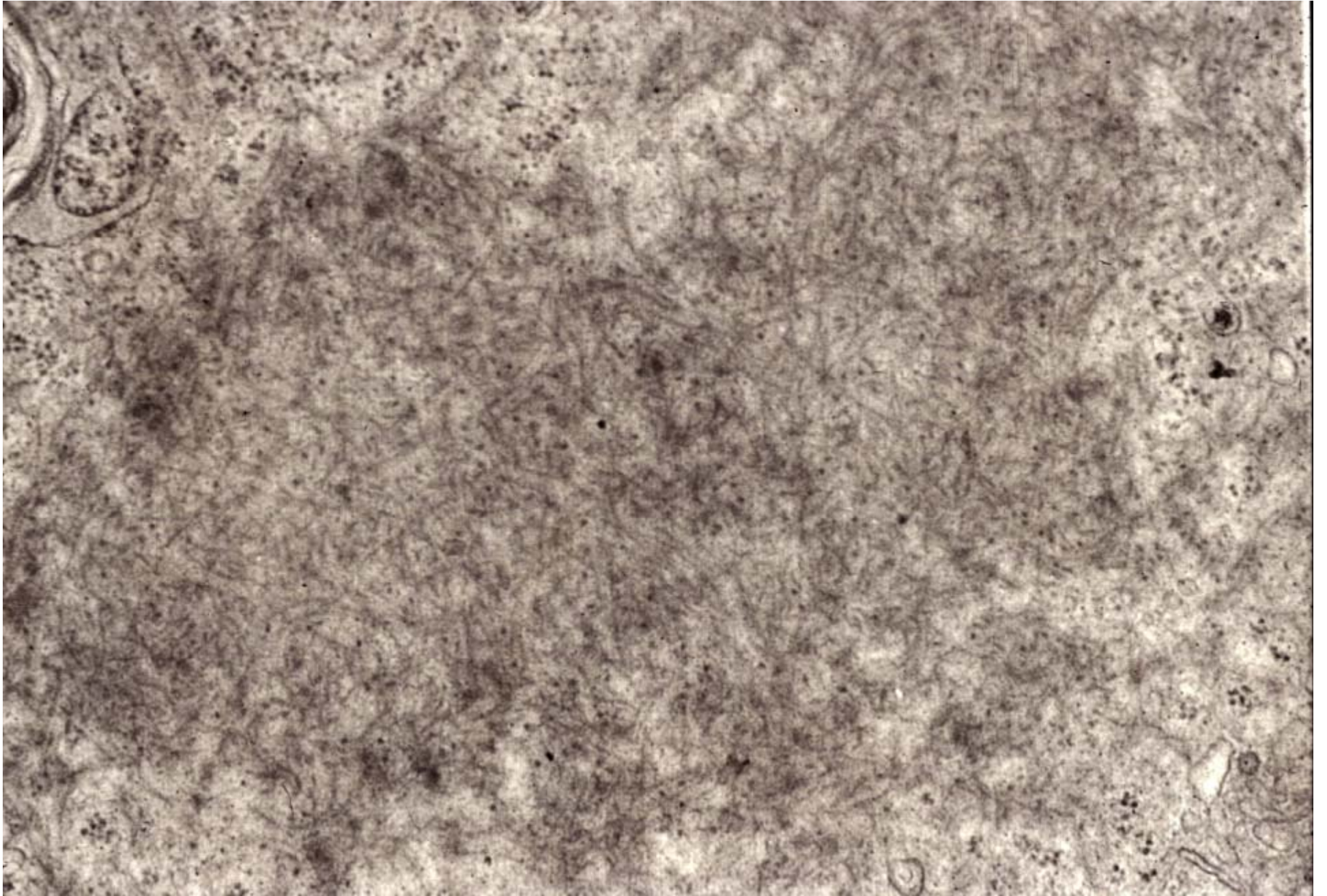
- 1. Fatty Liver: AFLD & NAFLD**
- 2. Drug hepatitis**
- 3. Iron overload disorders**
  - hemosiderosis**
  - hereditary hemochromatosis**
- 4. Copper overload—Wilson disease**
- 5. Alpha-1-antitrypsin deficiency**

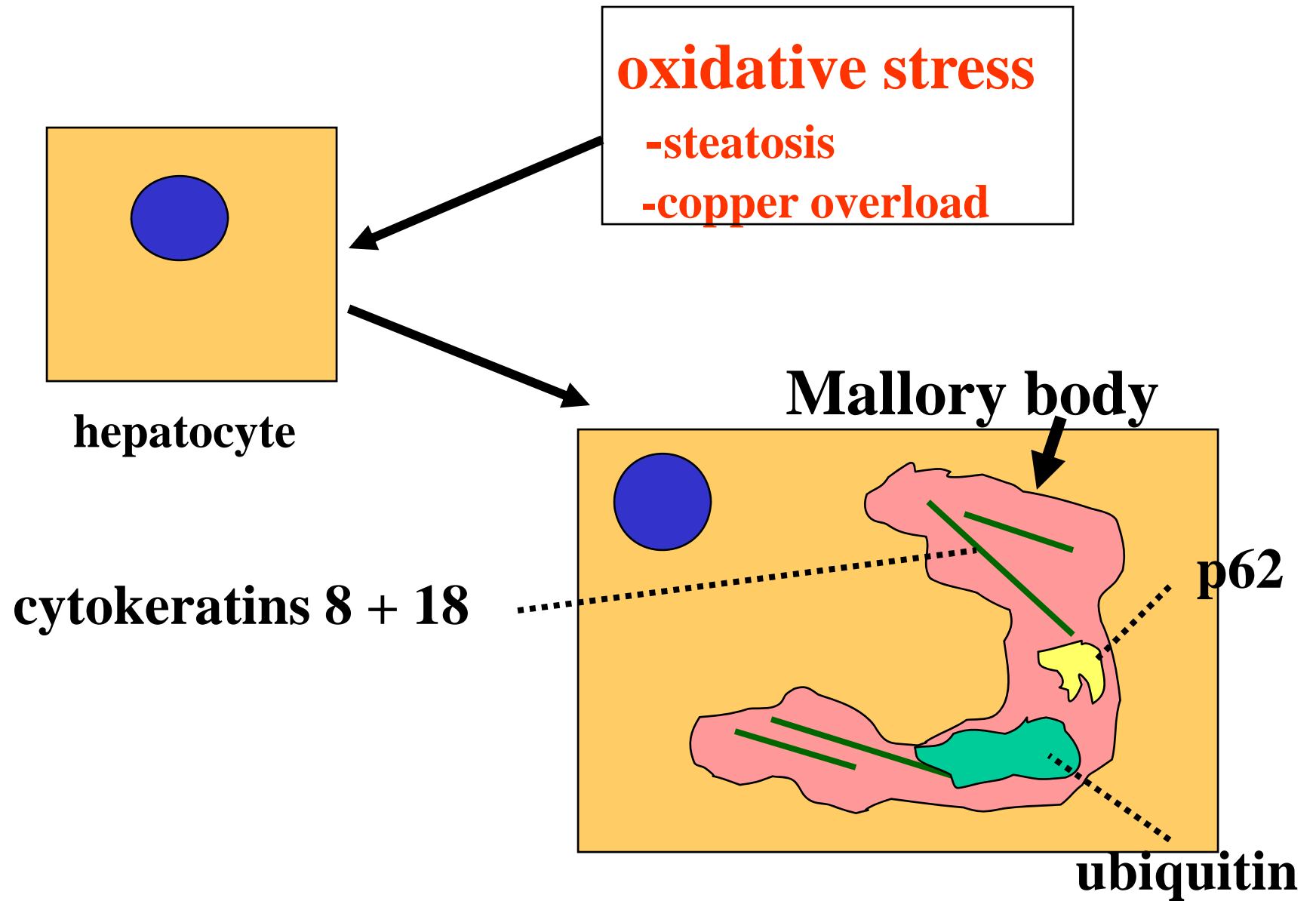
# Fatty liver and possible sequelae



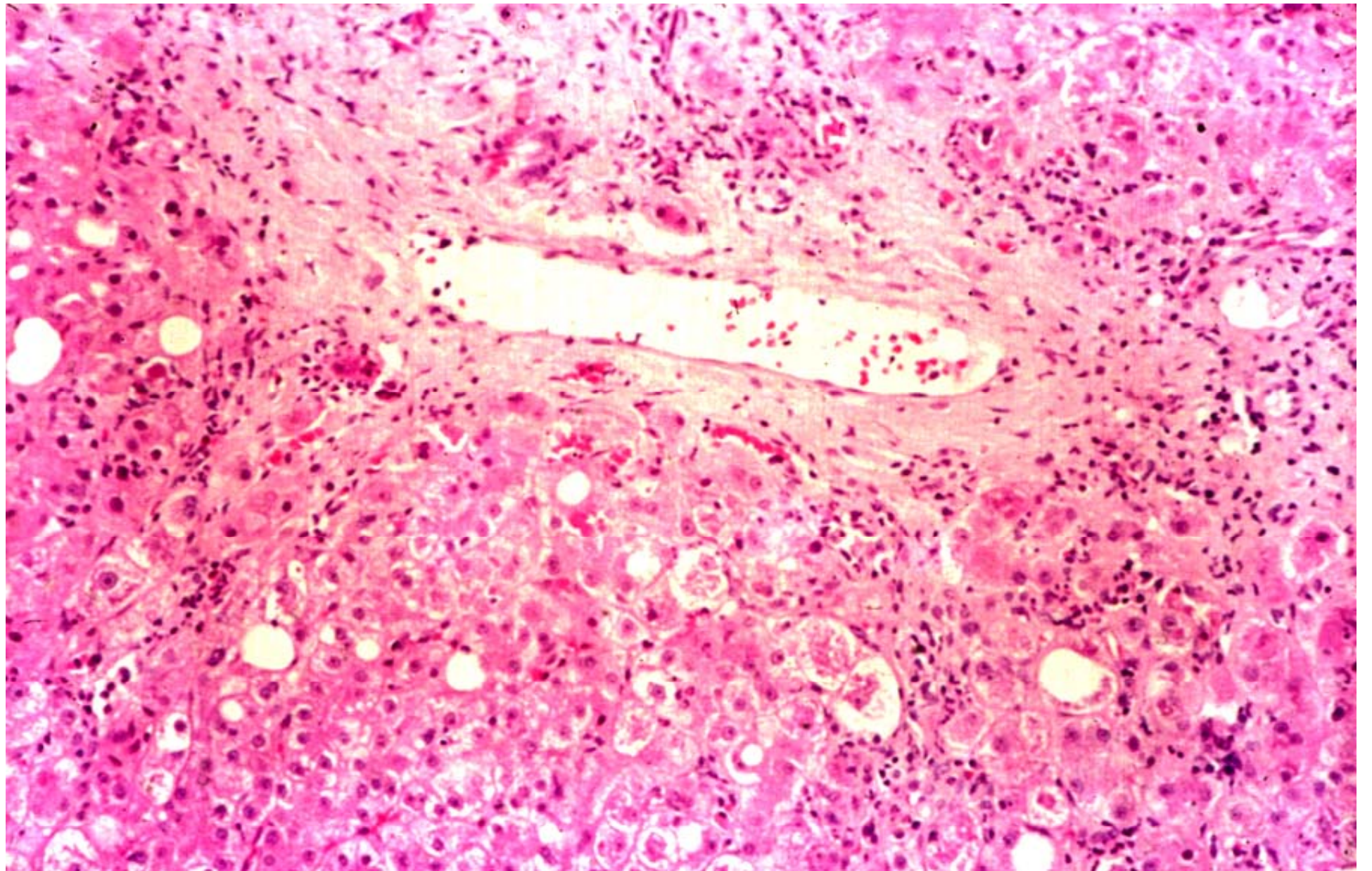








## PATHOGENESIS OF MALLORY BODIES

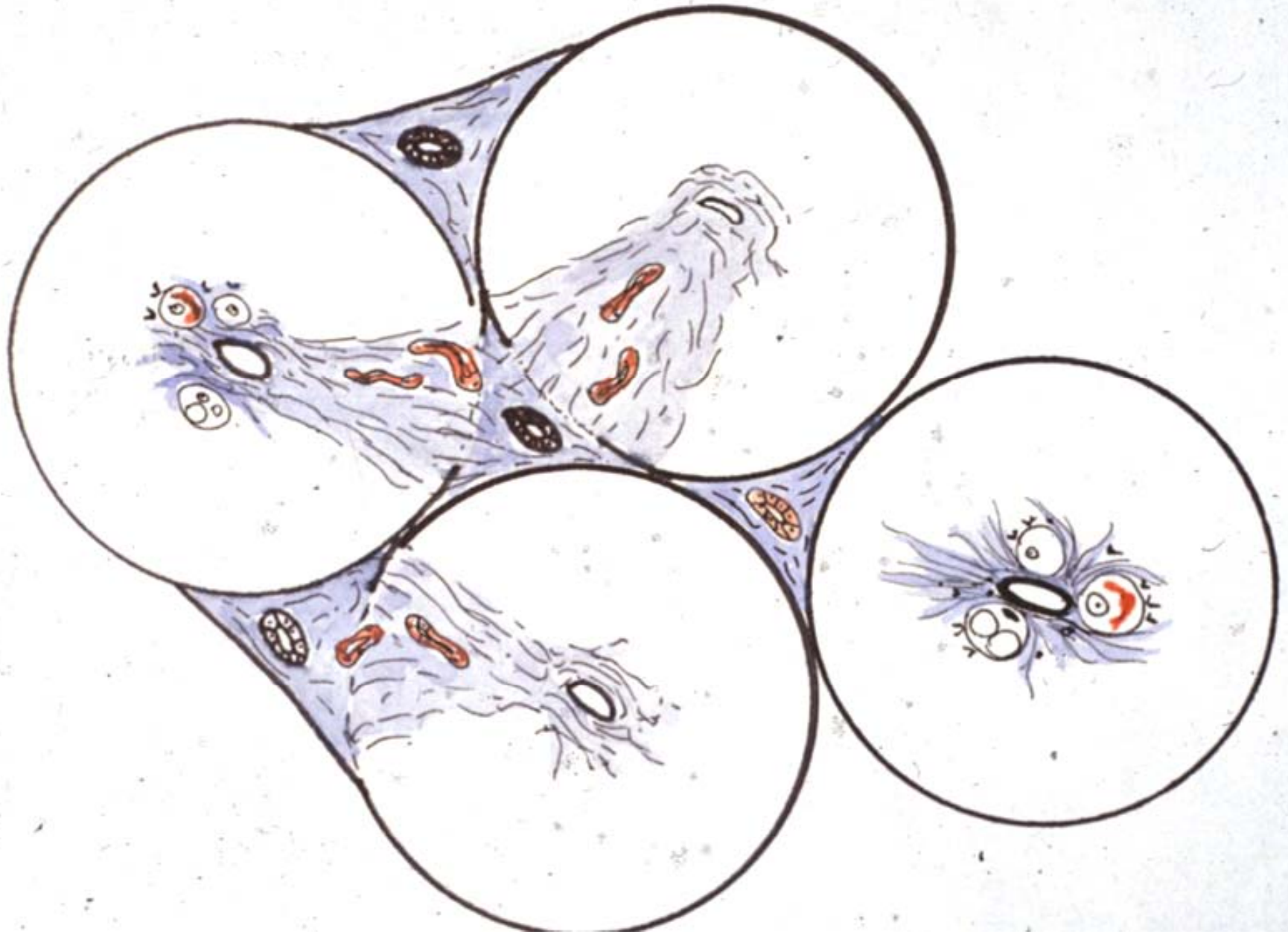


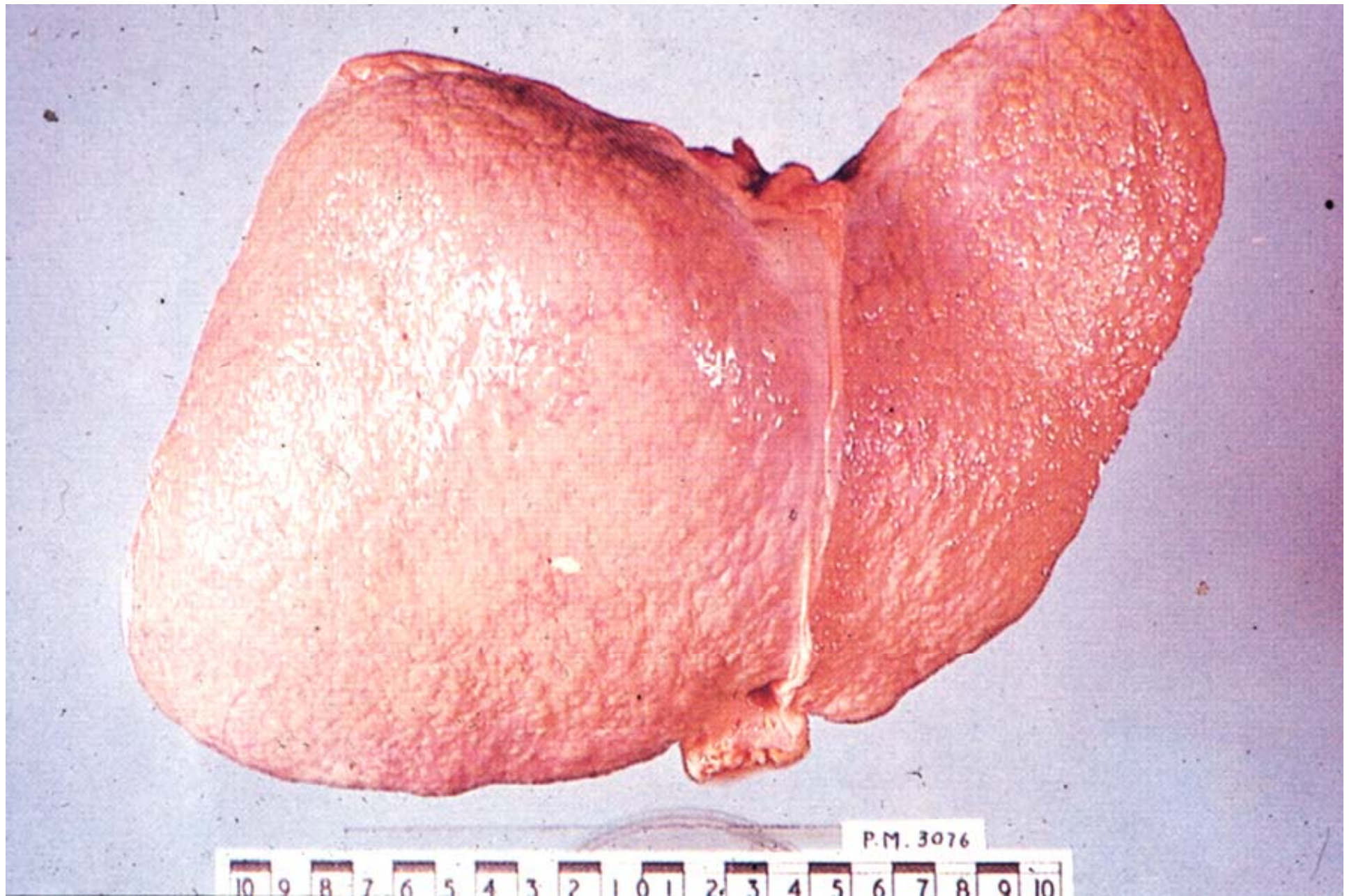


alcoholic  
liver injury

stellate cell activation to  
myofibroblasts → fibrosis









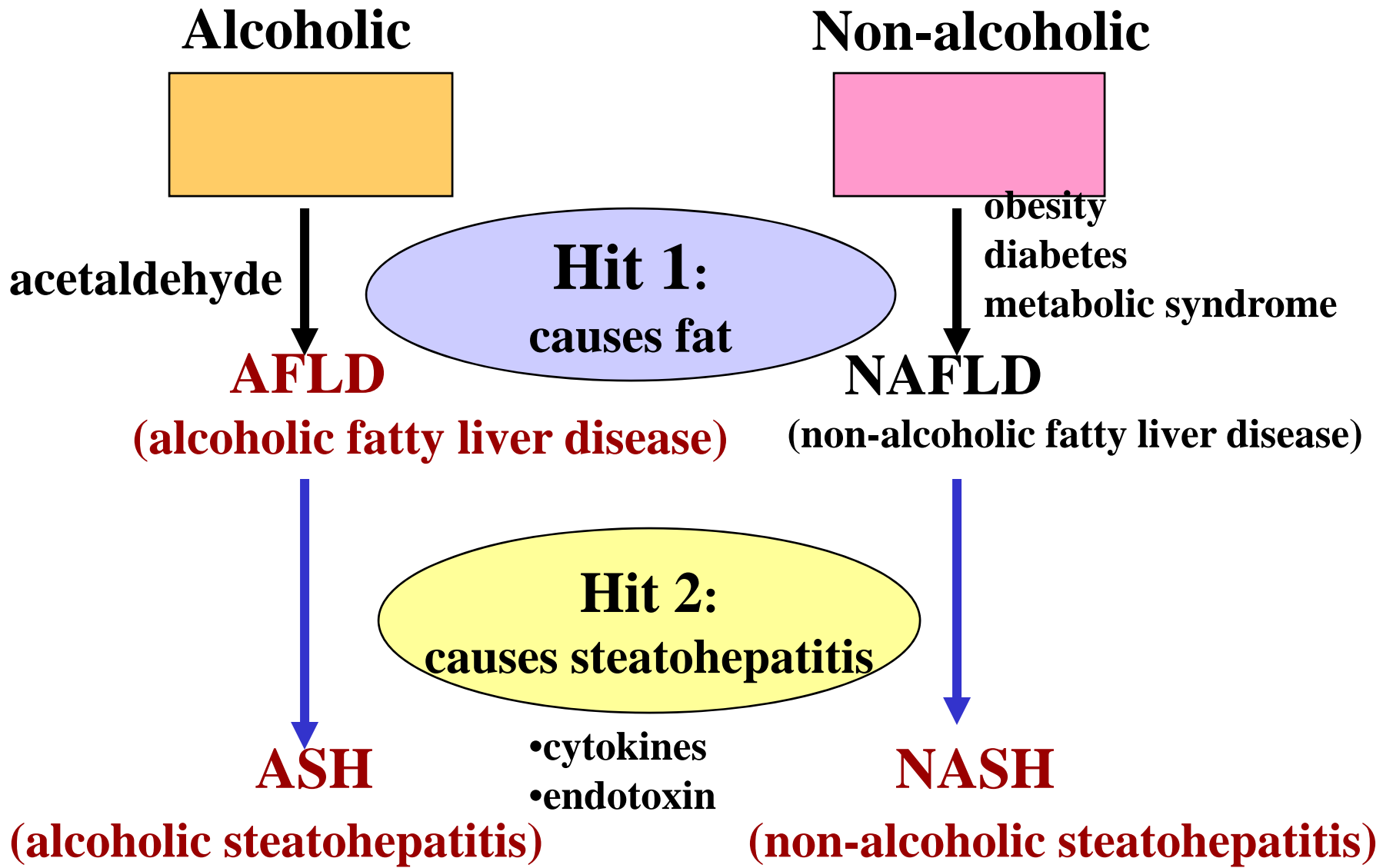
<u>Beer:</u>	<u>Drink</u> 1 can (12 oz.)	<u>Grams of Alcohol</u> 10
<u>Bourbon:</u>	1 jigger	15 - 17
	1 pint	160-190
	1 fifth	226-305
<u>White wine</u>	1 oz.	2.6
	1 fifth	66
<u>Port</u>	1 fifth	115
<u>Double martini</u> (mixed at home)		40

## Liver Disease in 1000 Alcoholics

- 25% had normal livers
- 30% had uncomplicated fatty liver
- 20% had steatohepatitis without cirrhosis
- 25% had cirrhosis

# Steatohepatitis

- **Alcoholic steatohepatitis (ASH)**
- **Non-alcoholic steatohepatitis (NASH)**
  - obesity
  - diabetes
  - hyperlipidemia
  - drugs (e.g., amiodarone)



**TWO-HIT HYPOTHESIS of STEATOHEPATITIS**

**Acute or chronic fat deposition in liver**

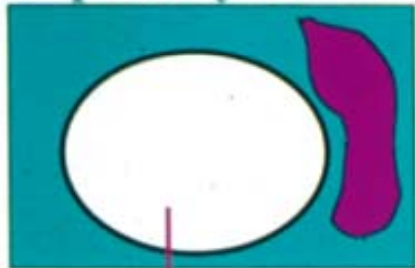


**↑ Lipid peroxidation**

*Letteron et al. J Hepatology 1996; 24: 200-208*



hepatocyte



- ↑ mobilization & availability of FFA's
- ↑ hepatic synthesis of FFA's
- ↑ esterification of FFA's into TG
- ↓ export of TG from liver

*Lipid peroxidation*



malondialdehyde

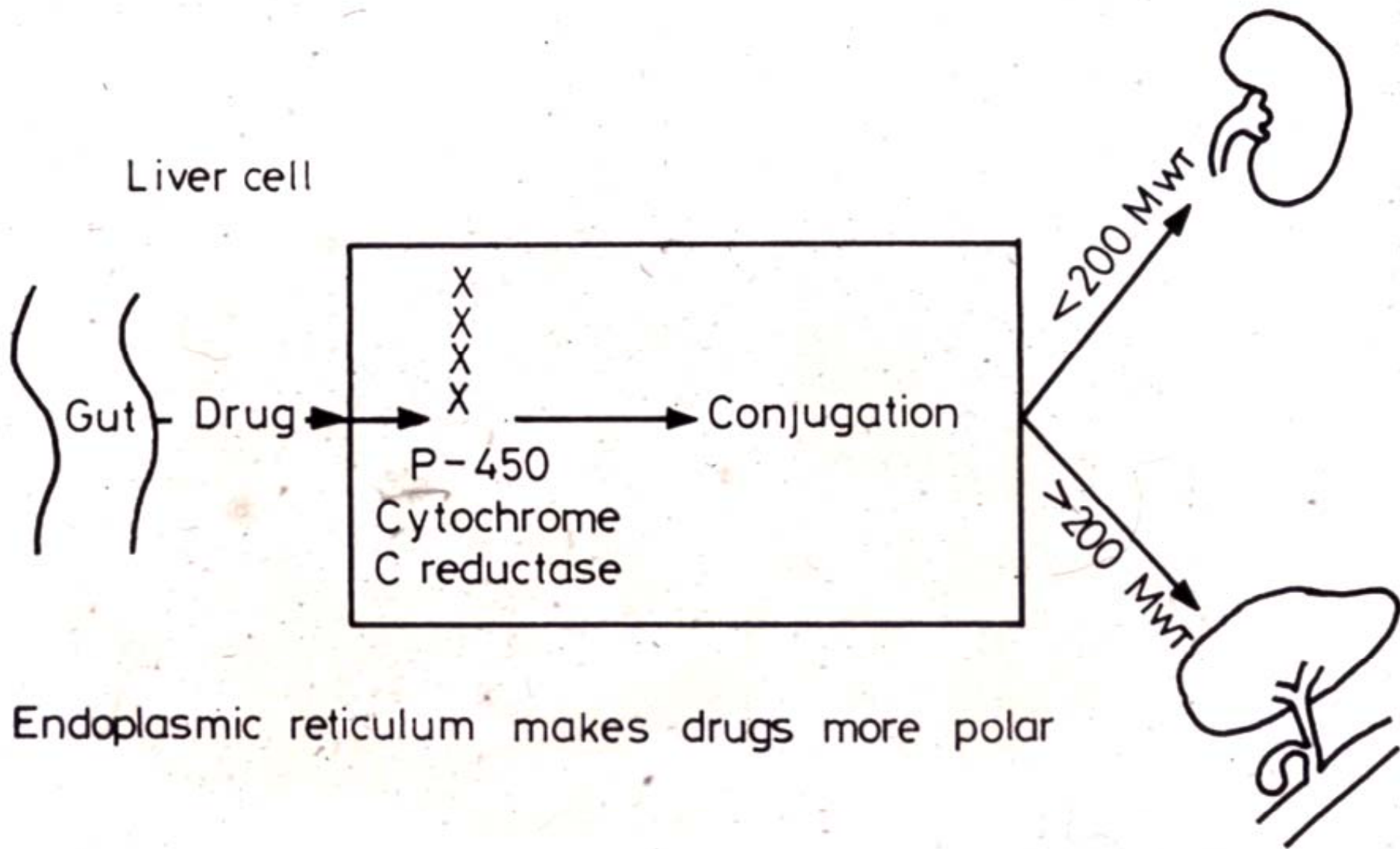


- Activate stellate cells
- Cross-link cytokeratins----> M.B.'s
- activate NF-kB--> ↑TNF-alpha + IL-8

4-OH-nonenal

• Chemoattractant for PMN's

# **Drug/Chemical Hepatotoxicity**



## DRUG HEPATOTOXICITY

### Predictable

dose related

many species

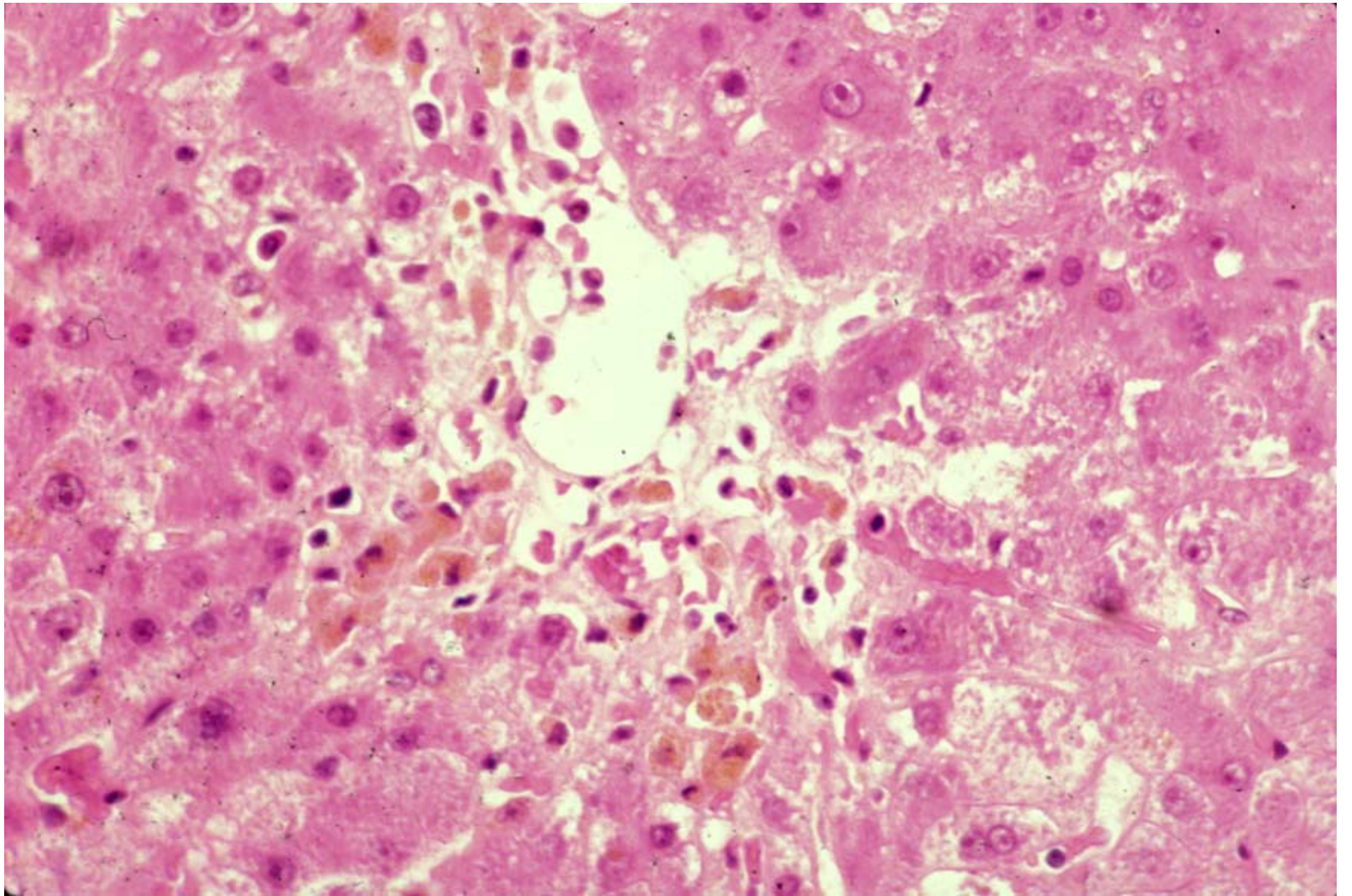
e.g.,  $\text{CCl}_4$ ,  
acetaminophen

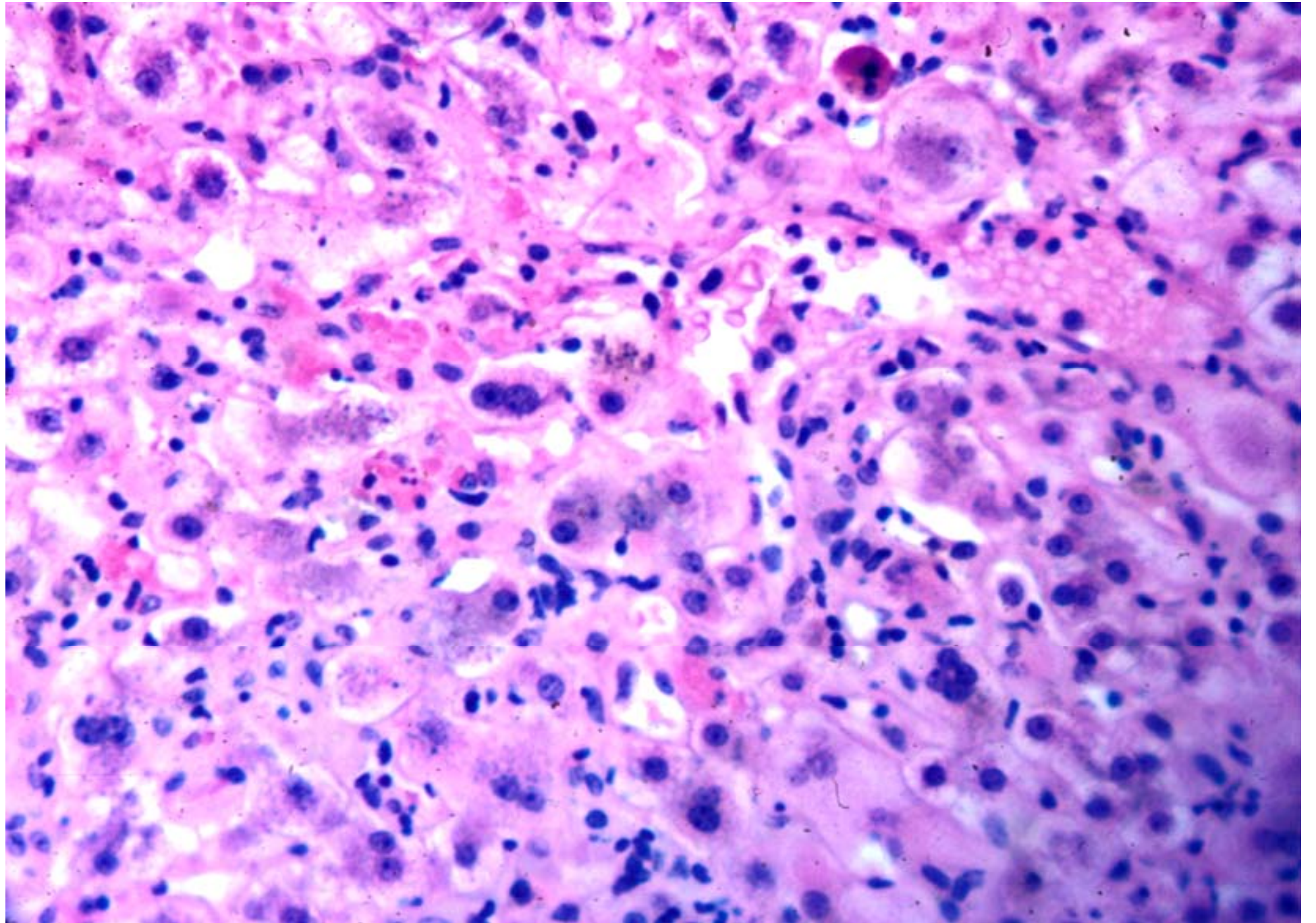
### Unpredictable

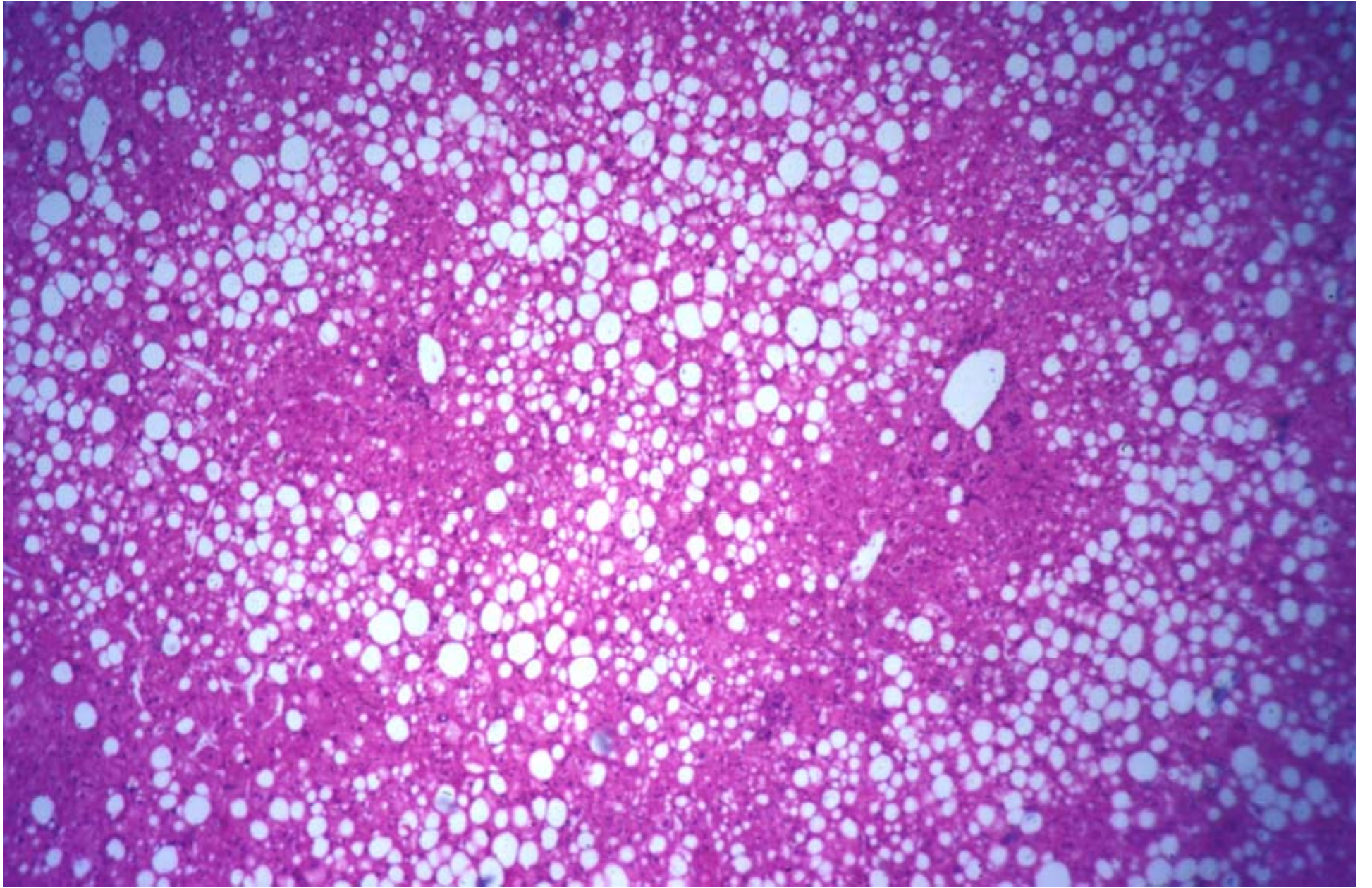
small dose

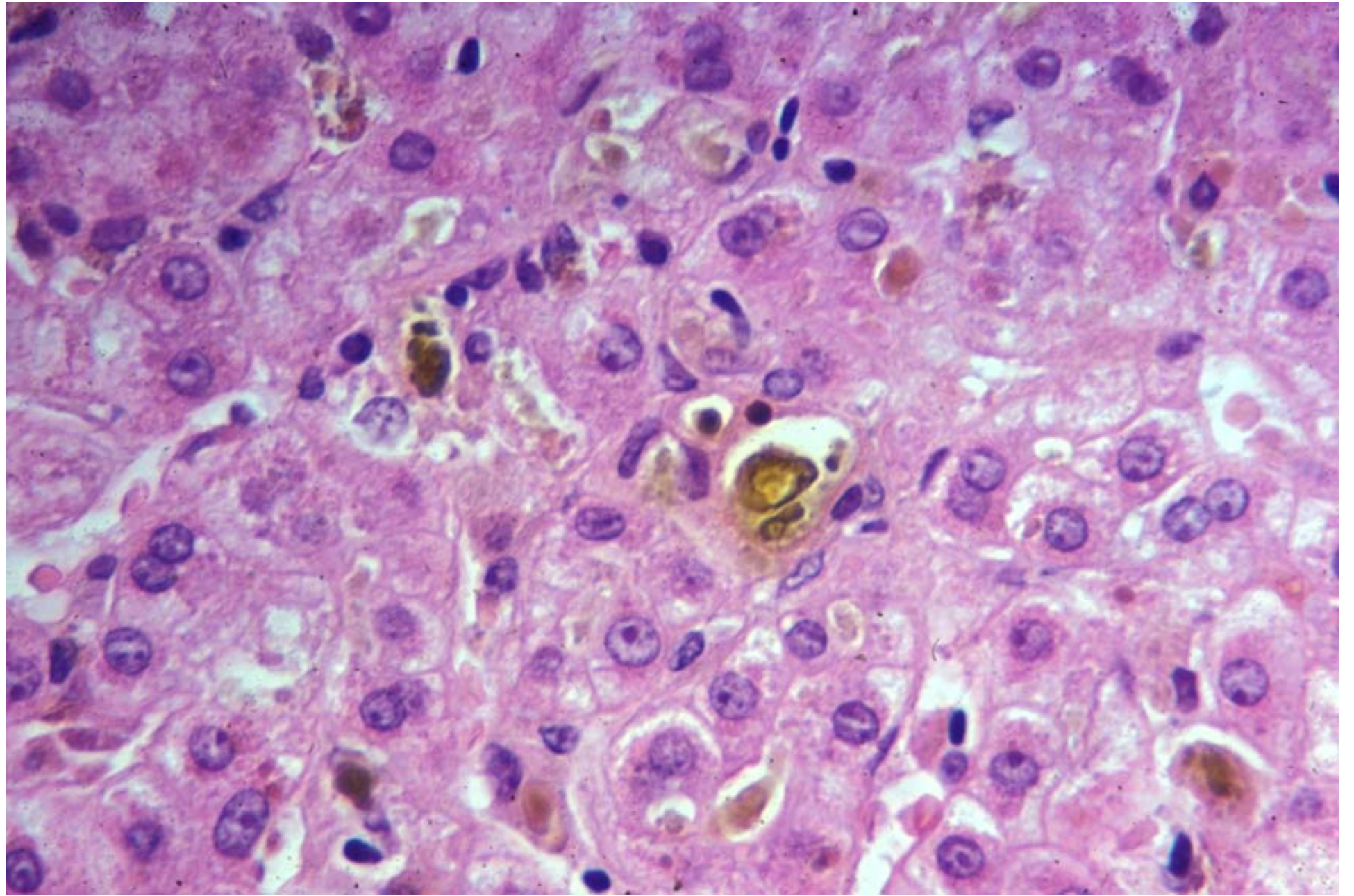
selected species

e.g., INH, aldomet

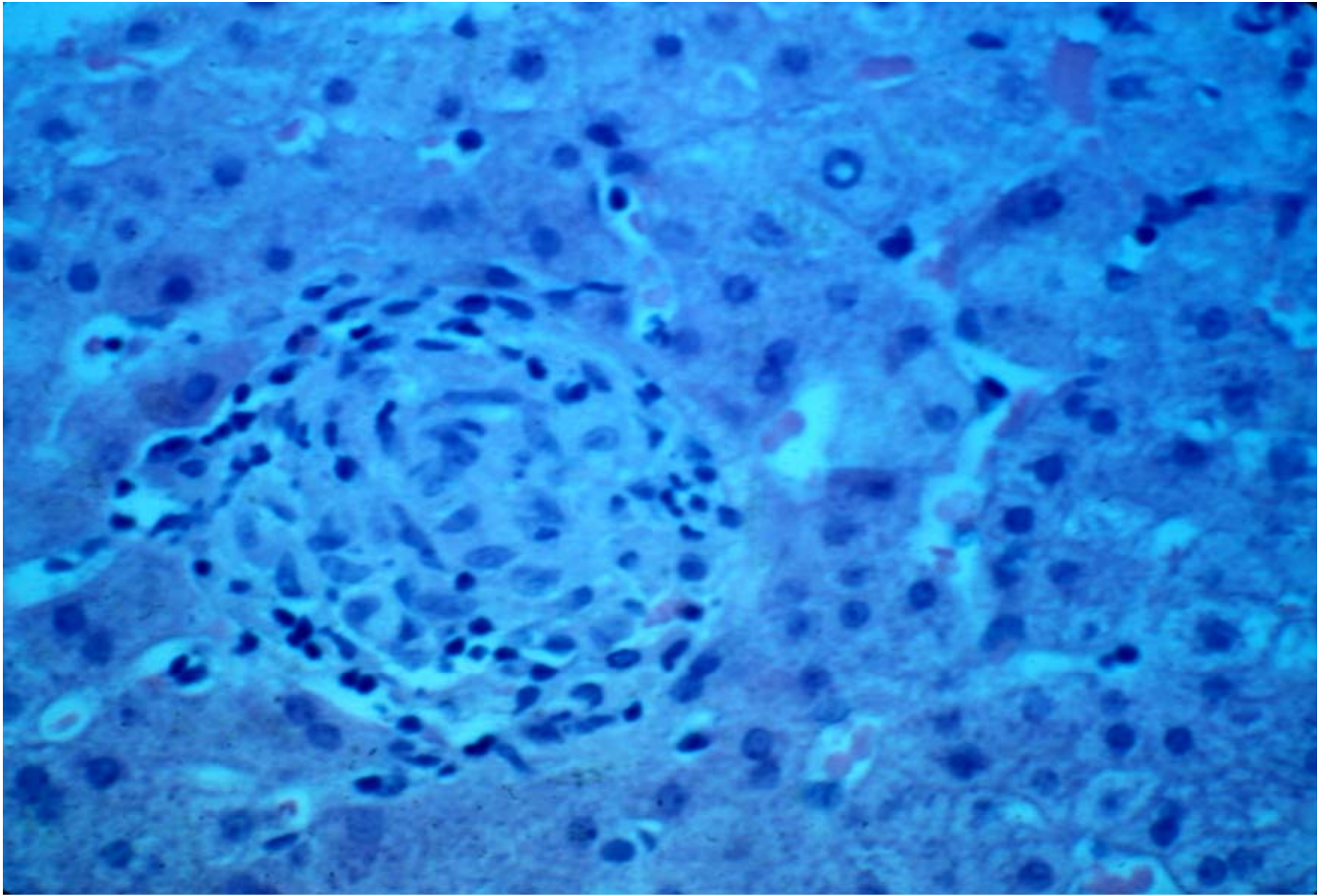


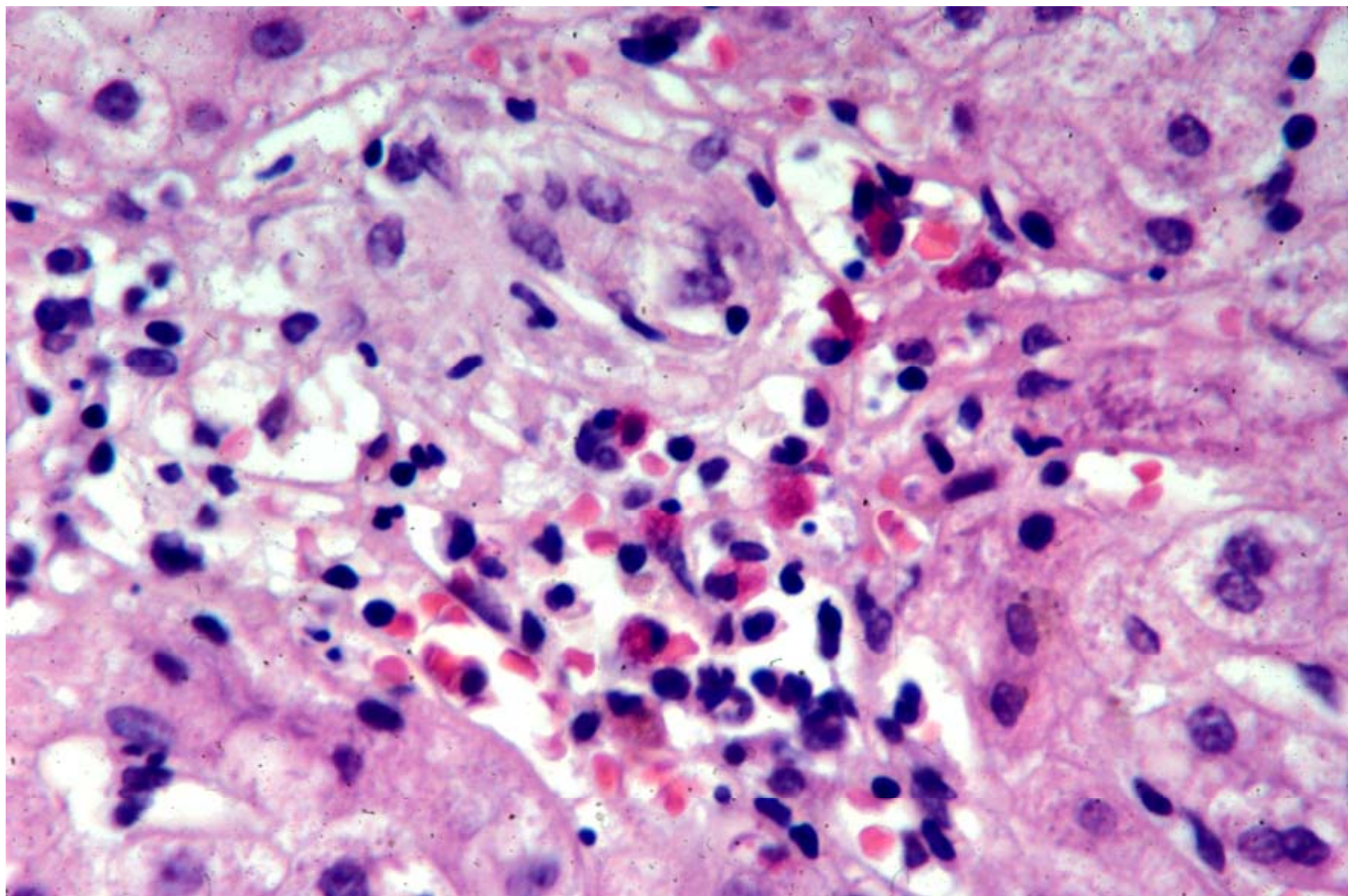




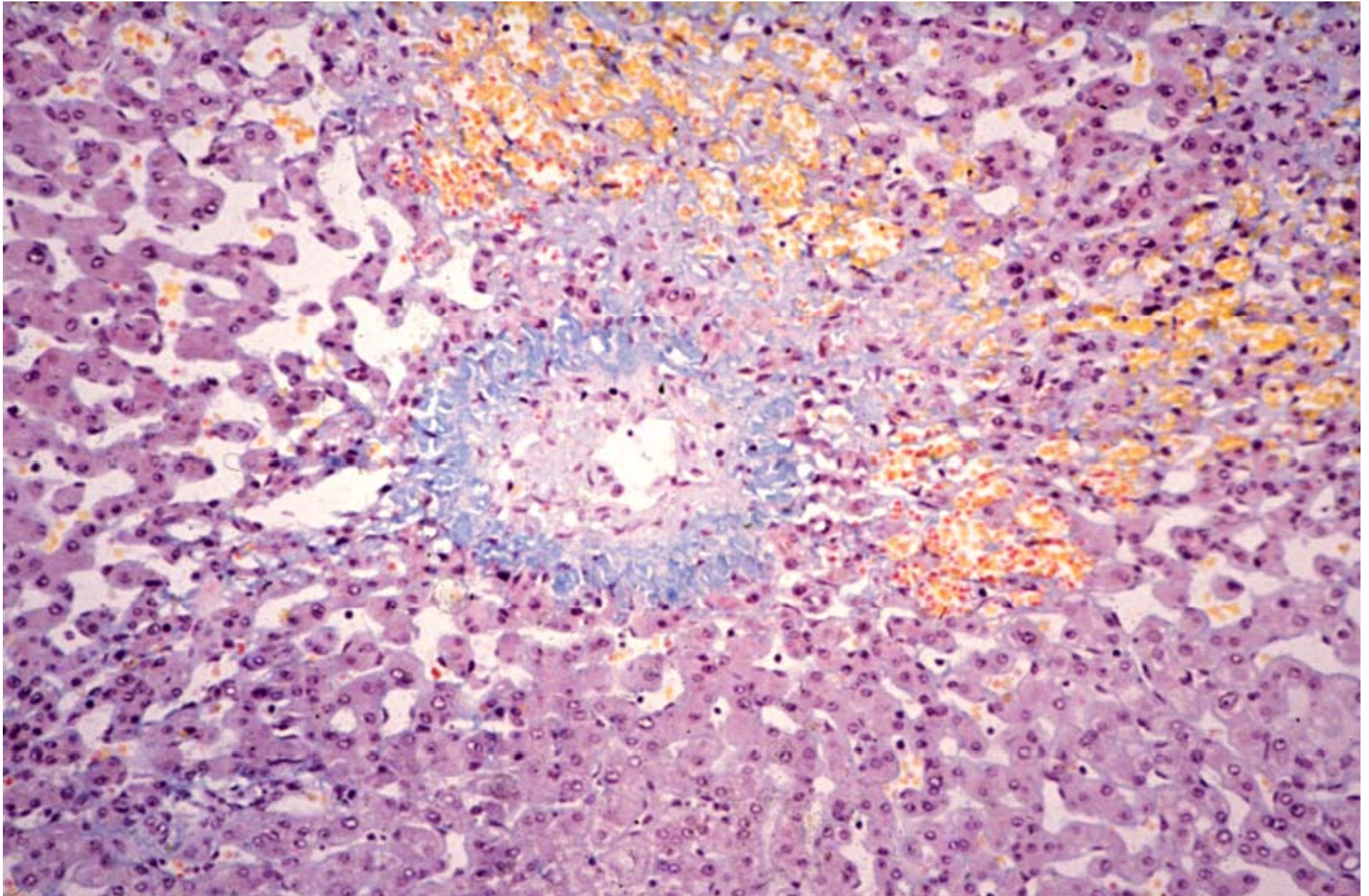








**Veno-occlusive disease (VOD): pyrrolizidine alkaloids (“bush tea”)**

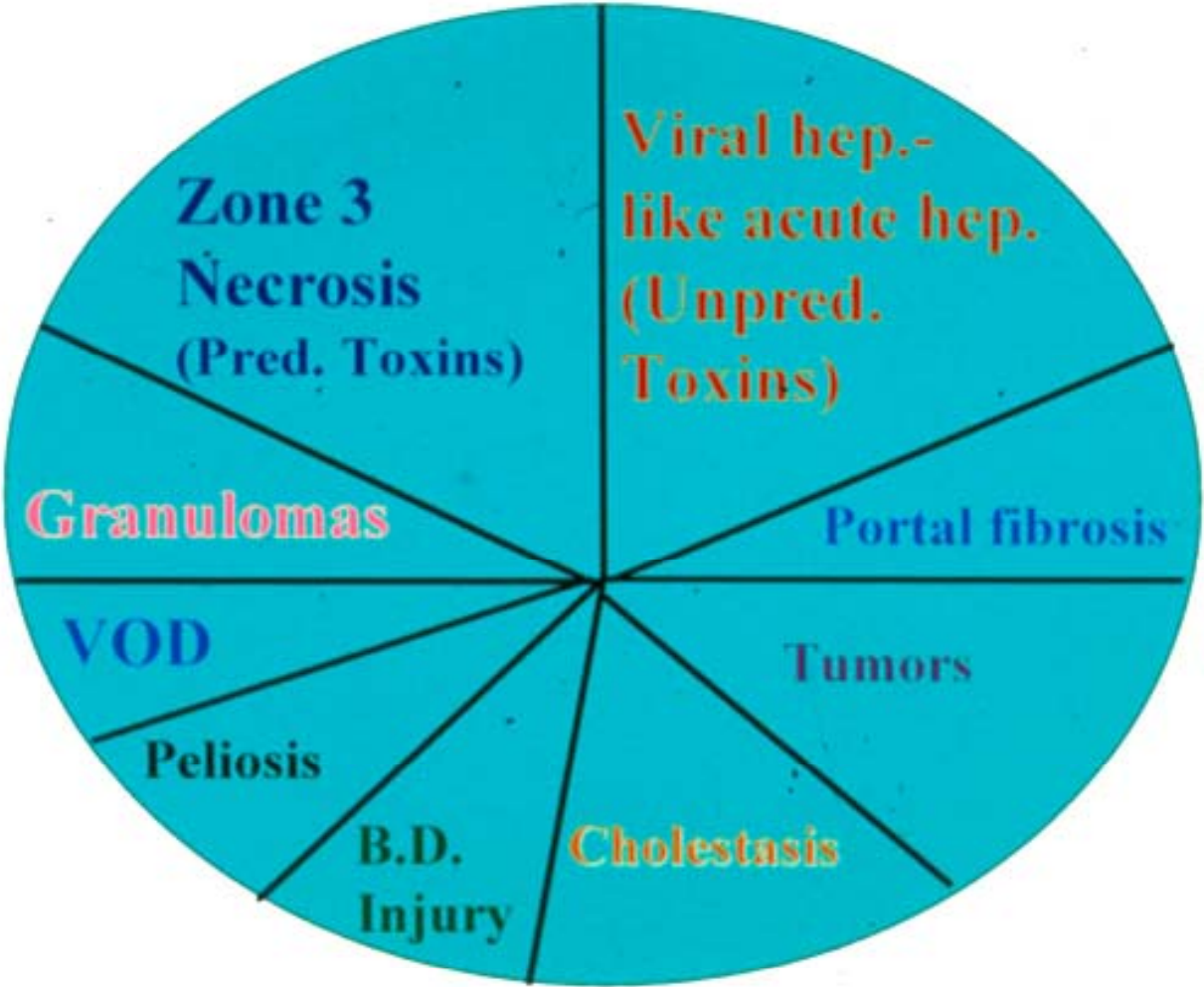


# Oral Contraceptives

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- **cholestasis**
- **liver-cell adenoma**
- **peliosis hepatis**

# Pathology of Drug Hepatitis



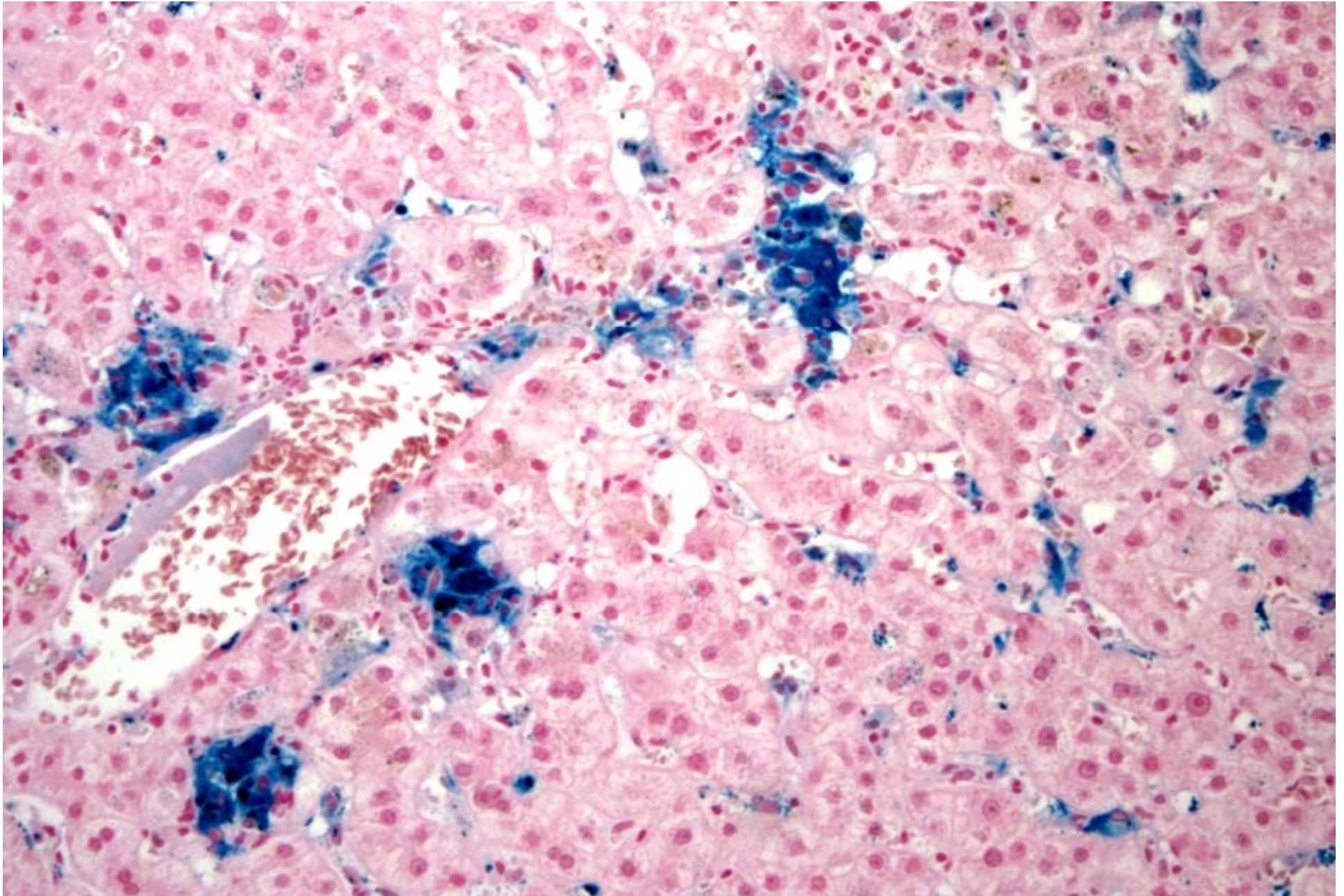
# **Metal storage diseases: Fe and Cu**

# Iron Overload Disorders

- **Primary Iron Overload**  
-hereditary hemochromatosis
- 

- **Secondary Iron Overload**  
-transfusion/hemolysis/  
-hemodialysis

**Kupffer cell hemosiderosis: hemolysis—transfus.--hemodialysis**





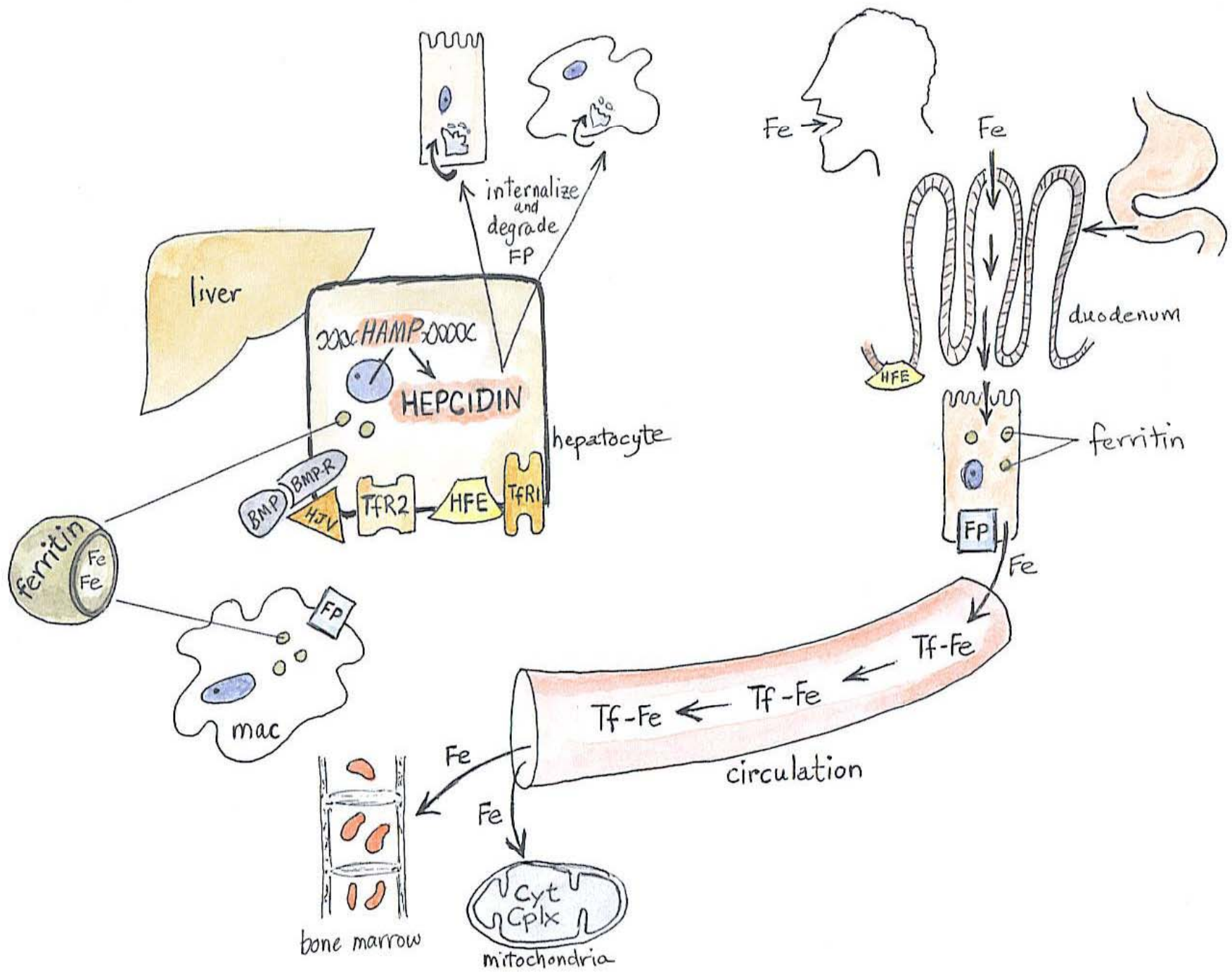
# Hereditary Hemochromatosis (HHC)

1889: von Recklinghausen: “hemochromatosis”  
 (“bronzed diabetes”)

*Fe overload with tissue damage in liver,  
heart, joints, panc. islets, other organs*

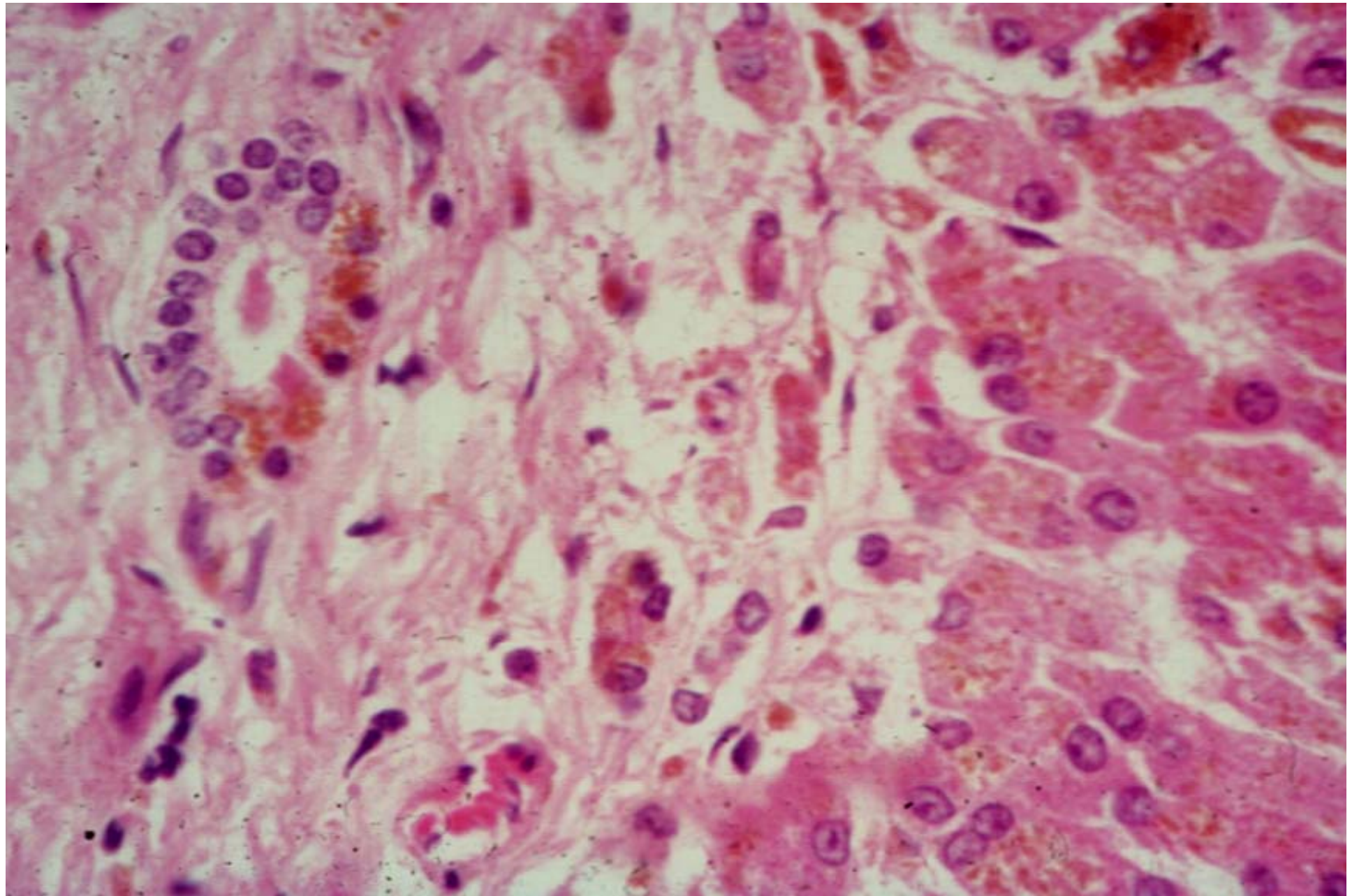
**-85-100% due to HFE mutation  
(C282Y/C282Y)**

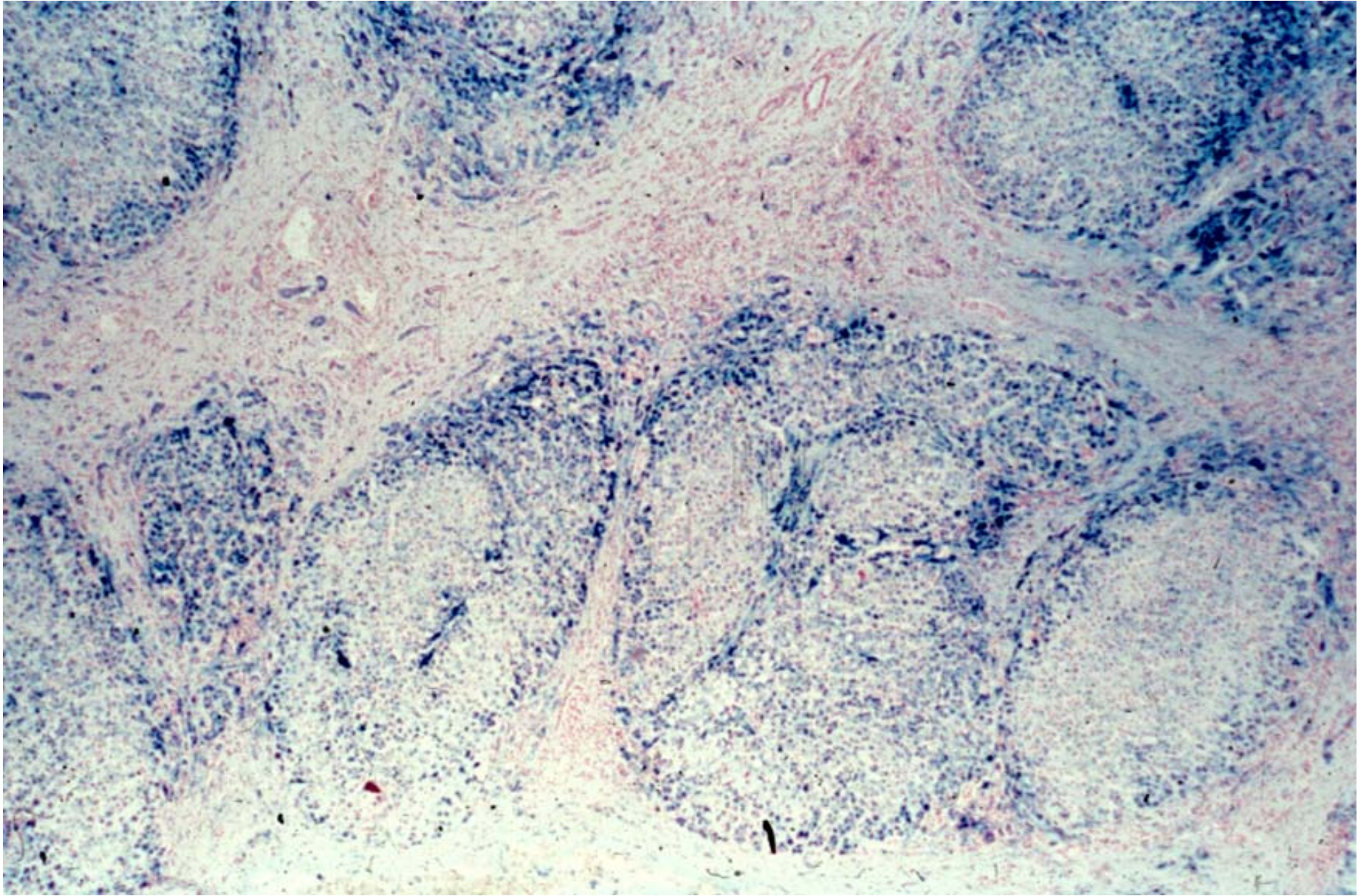
**-<5% due to other non-HFE mutations**

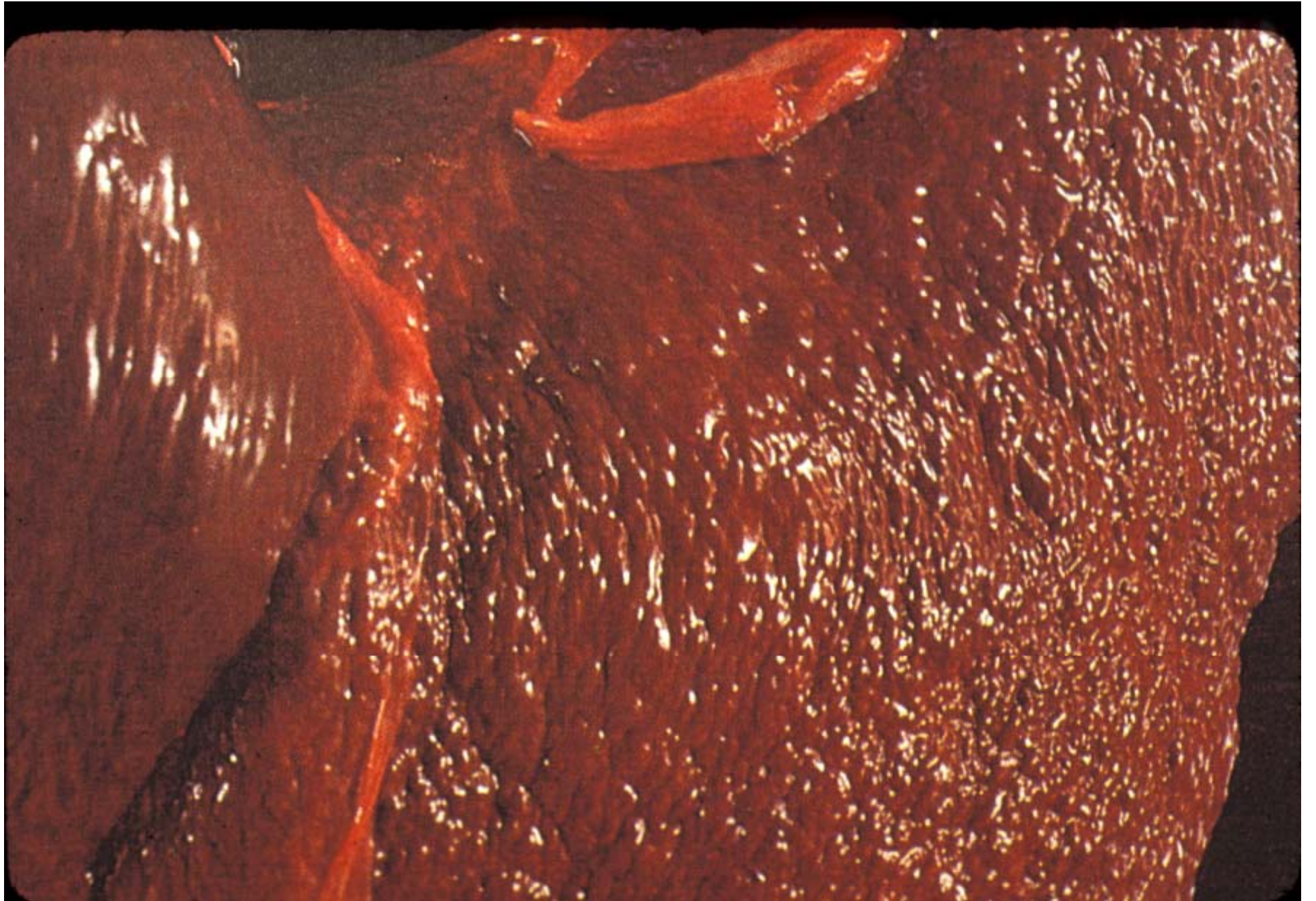


# Hereditary Hemochromatosis

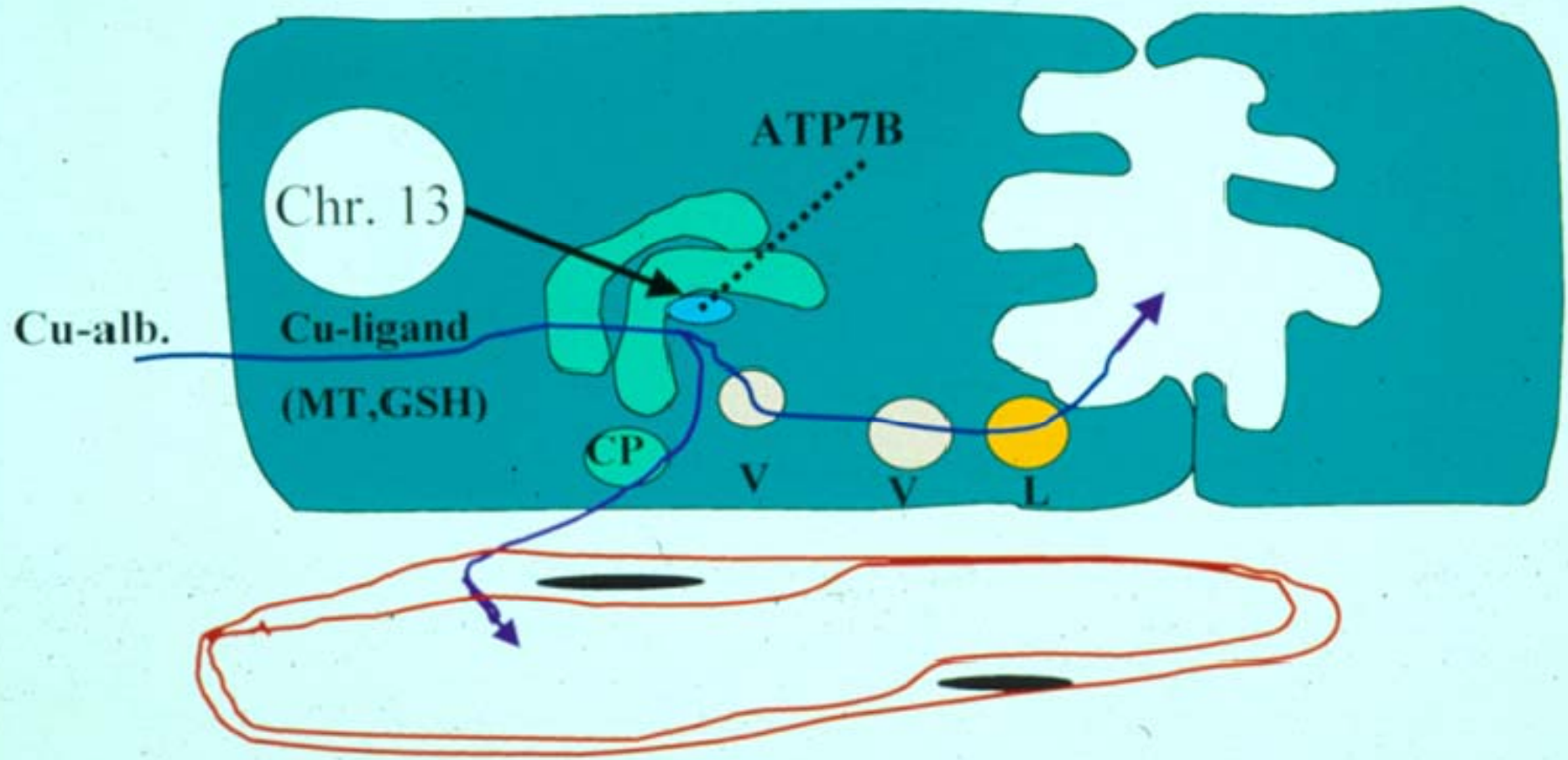
- **Type 1: HFE (C282Y)**
- **Type 2: Juvenile hemochromatosis**
  - hemojuvelin: 2A
  - HAMP: 2B
- **Type 3: TfR2**
- **Type 4: Ferroportin**

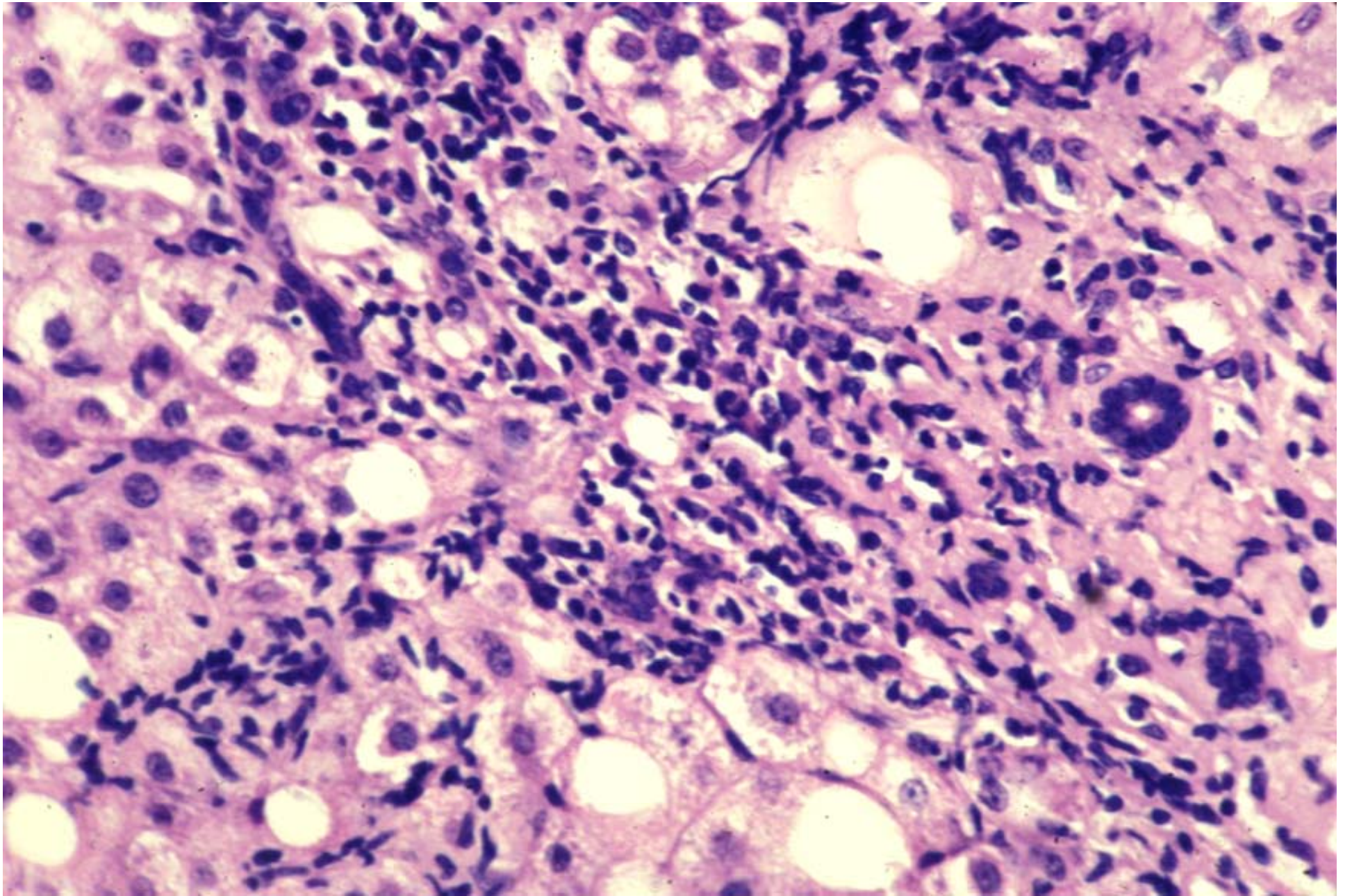




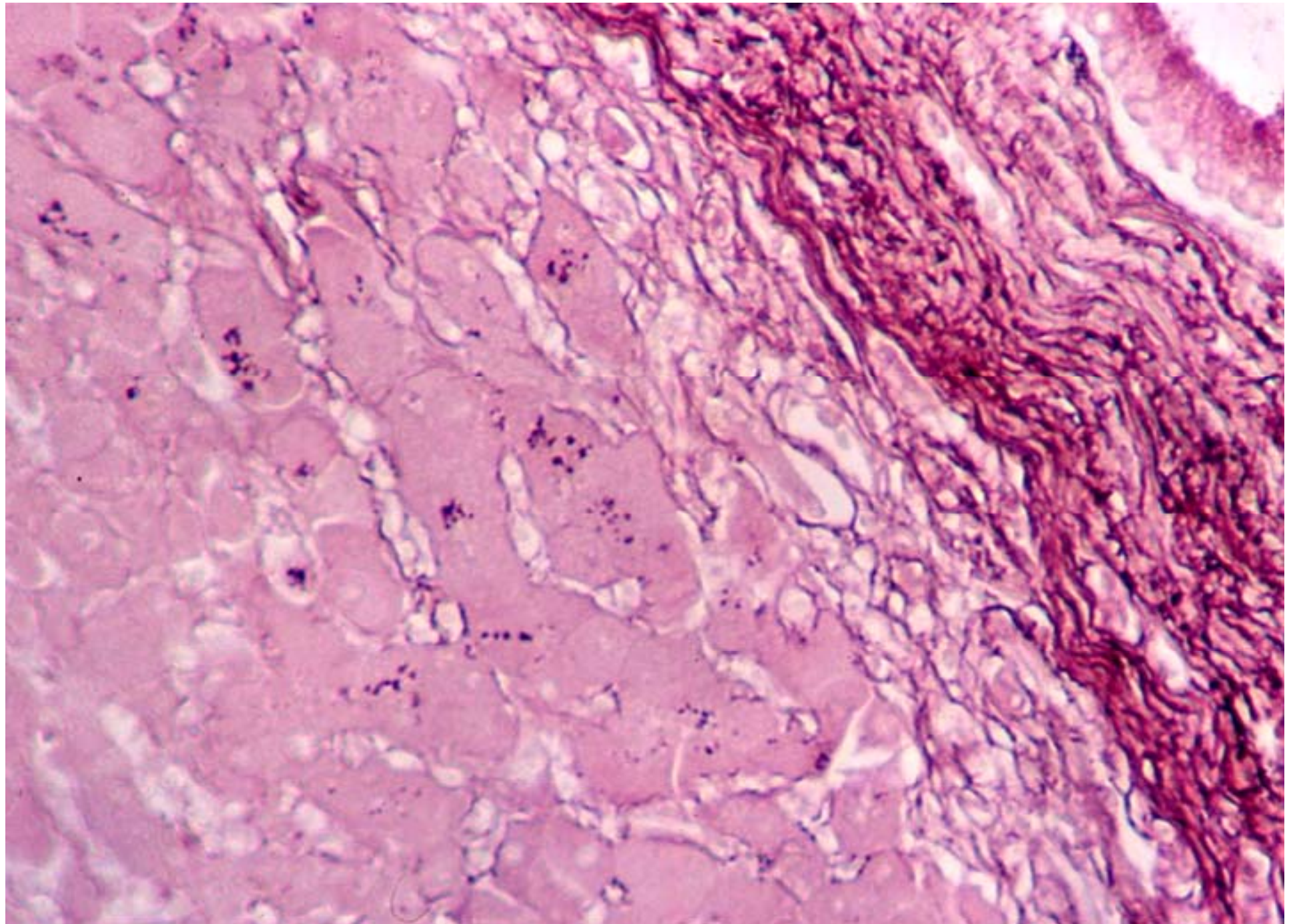


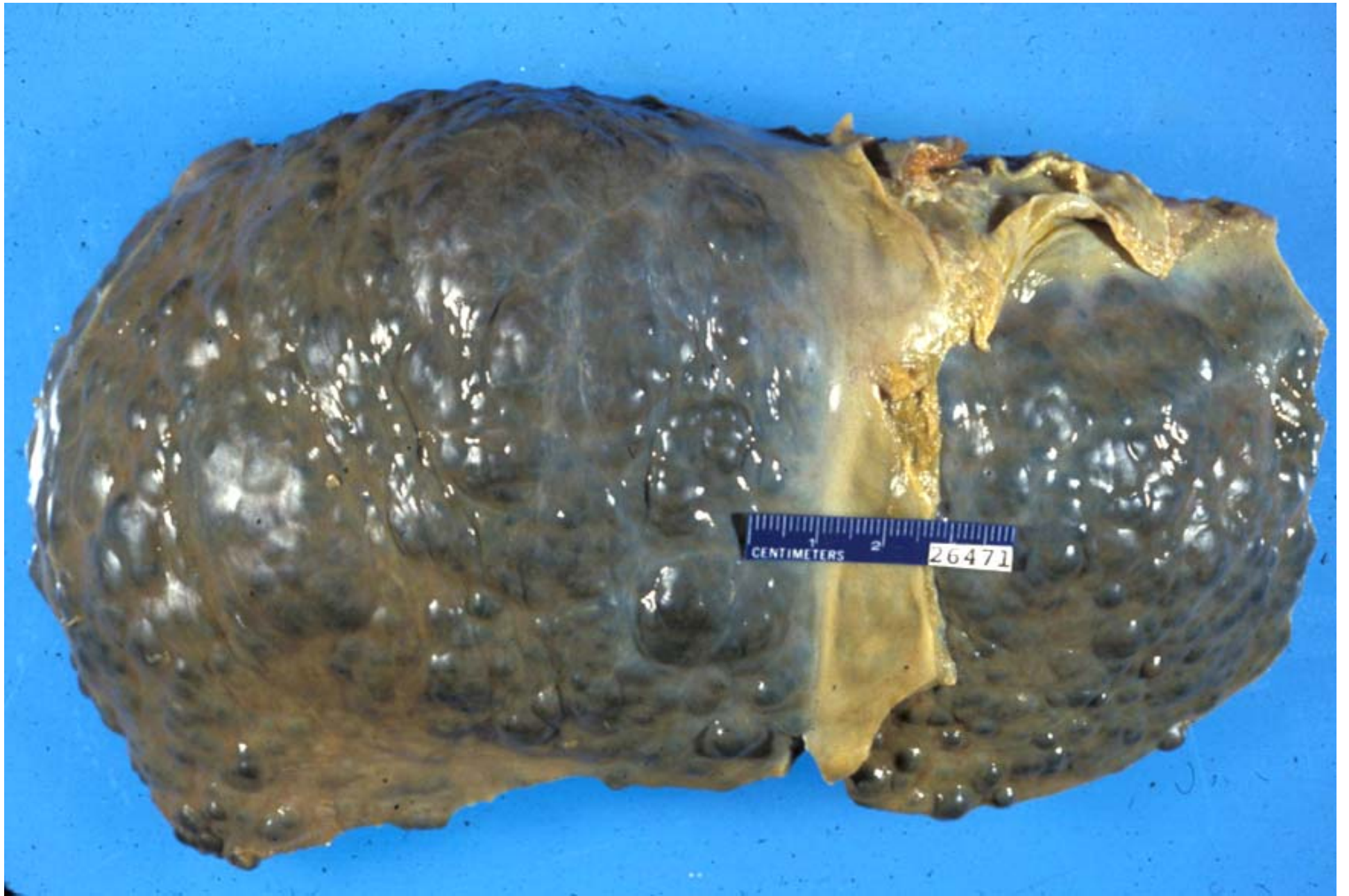
# Wilson's Disease

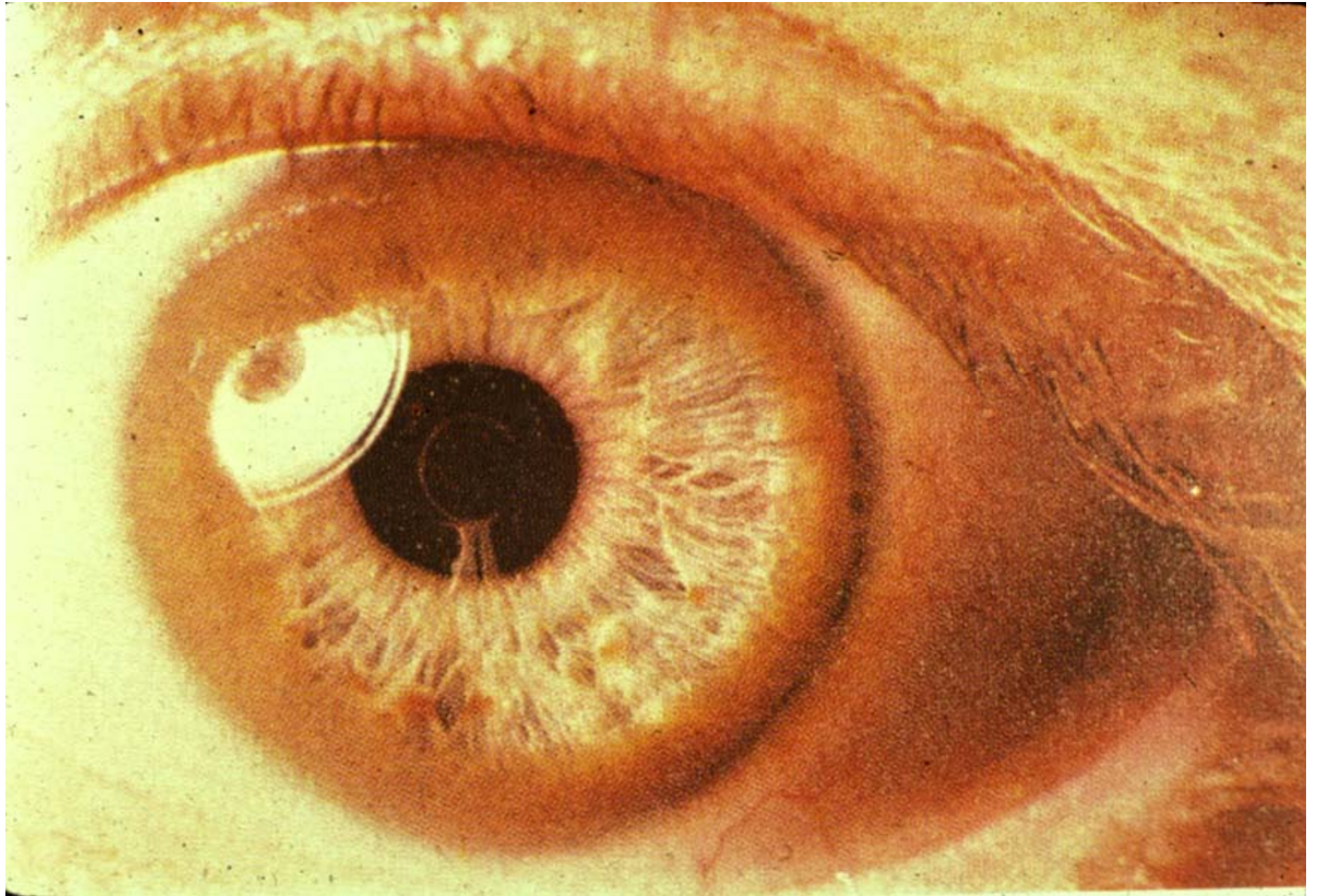












# Alpha-1-Antitrypsin Deficiency (AAT Def.)

- **Mutation in AAT: enzyme retained in the liver, with resultant disease**

- **normal allele=M**

- **normal phenotype=PiMM**

- **mutated allele=Z (or S, malton, etc.)**

- **homozygous AAT Def. = PiZZ (<10% normal serum level)**

- **heterozygous AAT Def.= PiMZ (60% normal serum level)**

# Alpha-1-Antitrypsin Deficiency

Hepatocyte

