

Letter to Editor

Drugs Induced Liver Injury: Are We Serious

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How to cite: Khan JUA, Ahmad M, Mehmood S. Drugs Induced Liver Injury: Are We Serious. Ann King Edw Med Univ.2025;31(3): 366-367

Drug induced liver injury has been the lynchpin for arousing the curiosity of hepatologists and physicians. This has also added to the manifold headache of the pharmaceutical industries as majority of drugs can cause liver side effects when used for prolong time period or even for short intervals in some cases.¹ There has been greater emphasis on viral hepatitis & C and their elimination from our country with great progress so far with invent of novel antiviral drugs.² Similarly in the west alcoholic liver disease with decompensated cirrhosis is the main indication for liver transplantation provided the patients are abstinent from alcohol for at least 6 onths.³

In the United States, DILI does account for 10% of the total patients of acute liver injuries, 5% of all admissions in the hospital, and 50% of all cases of hepatic failure. 1 DILI carries a mortality rate of approximately 10%. It is the one of the most common reasons for withdrawal of such drugs by the Food and Drug Administration (FDA) in the United States.⁴

Another matter of huge concern is the use of herbal medications by most of us. The thing which is even more concerning is that they don't have standard literature and most of the individuals do consume it

without knowing their effects. This is more common amongst lay and uneducated segment of the society who have unflinching and steadfast belief in use of herbal medicine for a variety of conditions.⁵

Disease modifying anti rheumatic drugs are used for rheumatoid arthritis for a very long period of time. Methothrexate induced liver injury is quite common and can be avoided by using it cautiously. Antituberculous drugs do cause drug induced liver injury in majority of cases by deranging the liver function very rapidly and forcing the treating physicians to stop it very quickly though the treatment is required to be given for 6 months at least as standard therapy. High doses of steroids inevitable given for lung disorders can massively deranged liver function and resulting in acute hepatitis.⁶

As a physician we keep a high threshold for other causes of liver function tests derangement such as autoimmune hepatitis, hemochromatosis, Wilson disease and even ischemic hepatitis in those with heart diseases.⁷ The ultimate goal should be to take a comprehensive history, sound clinical examination and full liver screen in clinical situations where indicated. The use of liver biopsy should be done cautiously as it has own risks. The treatment should always be multidisciplinary and one should have patience and realistic approach for a patient rather going ballistic without adequate thought process. The public at large should be educated about hazards of self prescription and seminars need to be arranged for



Production and Hosting by KEMU

<https://doi.org/10.21649/akemu.v31i3.6042>
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that cause. Public health experts and primary care physicians can play a massive role in this regard as they are the primary route of referral to specialist care.

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