

## Complete Information on Autoimmune hepatitis with Treatment and Prevention

Autoimmune hepatitis is a disease in which the system's exempt structure attacks liver cells. Although the cause for this isn't completely clear-cut, some diseases, toxins and drugs may spark autoimmune hepatitis in vulnerable folk, particularly women. The disease is normally rather severe and, if not treated, gets worse over moment. Usually, the exempt structure does not respond against the system's own cells. However, sometimes it erroneously attacks the cells it is supposed to defend. This reaction is called autoimmunity. Autoimmune hepatitis can produce after such viral infections as intense hepatitis A, hepatitis B or measles or after transmission with the Epstein-Barr virus. Some medications wound the liver immediately - overdoses of the popular pain backup acetaminophen, for instance, can induce liver bankruptcy. Other hereditary abnormalities may have autoimmune hepatitis more competitive and harder to handle.

This disease is almost popular in inexperienced girls and women. Autoimmune hepatitis is normally chronic, significance it can live for years, and can head to cirrhosis of the liver and finally liver bankruptcy. The higher blood force drug methyldopa, the anti-inflammatory diclofenac, the antibiotics minocycline and nitrofurantoin, and possibly atorvastatin may spark autoimmune hepatitis in some folk. Autoimmune hepatitis is classified as either type I or II. Type I is the most common form in North America. It occurs at any age and is more common among women than men. Type II autoimmune hepatitis is less common, typically affecting girls ages 2 to 14, although adults can have it too. The chronic inflammation gradually damages the liver cells which results in serious problems. Autoimmune hepatitis is usually not preventable. Awareness of risk factors may allow early detection and treatment.

Signs and symptoms of autoimmune hepatitis can drift from insignificant to serious and may go on abruptly or produce over moment. Symptoms of autoimmune hepatitis scope from balmy to serious. Some people have few, if any, problems in the early stages of the disease, whereas others experience signs and symptoms such as: yellowing of the skin and whites of the eyes, abnormal blood vessels on the skin, fluid in the abdomen, nausea and vomiting, abdominal discomfort and liver scarring. People in advanced stages of the disease are more likely to have symptoms such as fluid in the abdomen (ascites) or mental confusion. Women may stop having menstrual periods. A routine blood test for liver enzymes can help reveal a pattern typical of hepatitis, but further tests, especially for autoantibodies, are needed to diagnose autoimmune hepatitis.

Blood tests too assist distinguish autoimmune hepatitis from viral hepatitis or a metabolic disease. Treatment works better when autoimmune hepatitis is diagnosed early. With appropriate handling, autoimmune hepatitis can normally be controlled. The primary treatment is medicine to suppress an overactive immune system. Both types of autoimmune hepatitis are treated with daily doses of a corticosteroid called prednisone. A liver transplant may be an option when autoimmune hepatitis doesn't respond to drug treatments or in cases of advanced liver disease. Another medicine, azathioprine is also used to treat autoimmune hepatitis. Most people will need to take prednisone, with or without azathioprine, for years. Some people take it for life. Corticosteroids may slow down the disease, but everyone is different. In about one out of every three people, treatment can eventually be stopped. Like prednisone, azathioprine suppresses the immune system, but in a different way.

### About the Author

Juliet Cohen writes articles for [health doctor](#). She also writes articles for [haircut styles](#).

Source: <http://www.articletrader.com>