



Hepatic granulomas: Etiologic distribution

To the Editor,

In this issue of Turk J Gastroenterol 2014, Şahin et al. (1) presented an informative study on the prevalence and etiologic distribution of hepatic granulomas (HGs) identified in patients who were biopsied in their gastroenterology division and reviewed the literature.

It has been reported that HGs are found in approximately 5% (1.6%-15%) of patients who undergo a liver biopsy and may be caused by a variety of conditions (2). Differences in the rate of HGs and the underlying systemic disorders depend on the location of the study and the patient population. HGs may result from a primary liver disease or an ongoing systemic disease. Various causes of HG may be subdivided into infections (particularly brucellosis, miliary TB, pulmonary TB, Q-fever), sarcoidosis, primary biliary cirrhosis (PBC), and drugs. The cause of HG may remain unclear, despite careful evaluation, in approximately 20% of patients (idiopathic HG). Liver biopsies of patients with chronic hepatitis C and B virus infections may show HG in ~1% of cases (3-5). Typhoid fever may also rarely cause HG (6).

It would have been more suitable if the authors had cited the first article regarding etiology of HGs in Turkey, which was published by our group in 2001 (2). Our rate of HG (~1.5%) compares with that of the authors; however, there are differences in etiologic distribution (Table 1). The main reason for this difference may be that we had included all liver biopsy samples examined in our pathology department. The fact that sarcoidosis is the leading cause in HG in our study is actually misleading. Samples from another study investigating the role of hepatic involvement in sarcoidosis were also included in our study. Given these facts, TB would be the leading etiology of HG in our country. The authors claim that the etiology in up to 50% of cases with HG is PBC. The reason for this particular finding may be that

Table 1. Comparison of etiology of hepatic granuloma

Our study (2) (n=74/4490; 1.6%)	Şahin et al. (1) (n=35/2662; 1.31%)
Secondary: 80%	Secondary: 100%
Sarcoidosis (36%)	PBC (43%)
Tuberculosis (20%)	Sarcoidosis (17%)
Hydatid cyst (9%)	Tuberculosis (6%)
Brucellosis (5%)	Chronic HCV (6%)
Typhoid fever (4%)	Chronic HBV (6%)
Chronic HCV (2%)	Others (22%)
Others (4%)	
Idiopathic: 20%	Idiopathic: 0%

the authors studied only samples from a gastroenterology clinic. Moreover, our experiences in the last few decades have shown us that chronic hepatitis B and C virus infections may also cause HG (3-5).

To conclude, HG may be anticipated from liver biopsy samples of patients with PBC and various systemic disorders causing HG. Asymptomatic HG observed in patients with chronic HBV and HCV infections generally have a viral etiology. Nevertheless, a simple diagnostic approach in order to exclude other causes of HG is warranted. Chest X-ray (for sarcoidosis and TB), PPD skin test, and serologic tests (Wright test, IFA for Q-fever, VDRL/RPR, IgM/AMA) may be performed.

Conflict of Interest: No conflict of interest was declared by the authors.

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Received: 1.10.2014

Accepted: 3.10.2014

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