

Pediatric Autoimmune Hepatitis Registration Form

Name..... Gender: M F Patient Num.....

Phone..... Physician Name.....

1. Demographic data

Age	Age at diagnosis	Consanguinity
BW	W	Fx of autoimmune disease
H		AIH Score
W/H or BMI	Diagnosis	AIH 1 <input type="radio"/> AIH 2 <input type="radio"/> ASC <input type="radio"/>

2. Clinical Manifestations

Malaise		Acute hepatitis	
Jaundice		Acute liver failure	
Hepatomegaly		Chronic hepatitis	
Splenomegaly		Steatohepatitis	
Anorexia		Asymptomatic elevation serum transaminase	
Fatigue		Gall stone	
Abdominal pain		Portal HTN	
Nausea		Cirrhosis	
Amenorrhea		Eye Exam	
Delayed puberty			
Edema			
Clubbing			
Spider angioma			
Gynecomastia			
Ascites			
Diarrhea			

3. Lab data

3.1 Autoantibody

ANA	
SMA	
Anti LKM	
Anti LC	
Anti LSA	
PANKA	
PANNA	
AMA	

3.2 Routine

Blood	DX								
AST									
ALT									
ALK									
GGT									
ALB									
TP									
HB									
MCV									
WBC									
PLT									
Retic									
Coombs									
LDH									
Ca									
Ph									
25-OH Vit D									
BUN									
Cr									
IgG									
TTG/IgA									
TSH/T4									
Calprotectin									
TPMT Activity									
U/A									

4. Ultrasonography/MRCP

Sonography		MRCP
Liver		
Spleen		
Ascites		
Renal/Bladder		
Intrahepatic bile duct		
CBD		

5. Liver Biopsy

Interface hepatitis	
Emperiopolesis/rosett formation	
Microvesicular Stetatosis	

Macrovesicular Steatosis	
Mallory body	
Hyaline droplets	
Portal fibrosis	
Inter portal fibrosis	
Cirrhosis	
Bile duct damage	

6. Treatment

M \ D	Dx									
Prednisolone										
Azathioprine										
6MP										
UCDA										
Budesonide										
Tacrolimus										
Cy A										
Rituximab										
Infliximab										
Mycophenolate										
Mofetil										

7. Relapse/ Remission

Relapse					
Remission					