Letters to the Editor

Reply to “Biliary atresia: Does ethnicity matter?”

To the Editor:

We welcome the comment of Girard et al. [1] to our systematic review on the epidemiology of primary sclerosing cholangitis (PSC) and primary biliary cirrhosis (PBC) [2]. The authors underscore the need for proper assessment of ethnicity in epidemiological studies of rare diseases such as biliary atresia, PSC, and PBC. The apparent familial risk, albeit with a low absolute risk, together with the reported genetic risk loci, point in the direction of a complex genetic predisposition belying both PSC and PBC. Recently, disparate associations with several genetic risk loci have been reported in PSC patients from various ethnic backgrounds [3]. For PBC, little is known about ethnic differences since the majority of studies have been performed with Caucasian patients. Notably, a large multicenter study in the US was performed comparing PBC patients with geographically and ethnically diverse backgrounds [4]. The authors showed more severe disease in African Americans and Hispanics compared to Caucasians. In addition, for inflammatory bowel disease, which is closely associated with PSC, it has been well documented that incidence rates in 2nd generation immigrants with a different ethnic background assume the same levels as those for the indigenous population, pointing towards environmental factors [5–7].

For PSC, population-based trends in incidence and prevalence rates with regard to ethnic background are lacking. One study from Southern Israel reported higher prevalence rates for PBC among Jews and immigrants compared to Arabs and native Israelis and in a study from Southeast Asia, the prevalence rate in the Chinese population was almost twice as high as in the Malay population, though the small number of included patients is a limitation of both studies. [8,9] The data presented by Girard et al. [1] exemplify our conclusion that large true population-based epidemiological studies with meticulous case-finding, case-ascertainment, as well as detailed phenotyping (including ancestry) are needed to provide clues for unraveling genetic and environmental risk factors for these diseases.

Conflict of interest

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References


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Statin hepatotoxicity and the dilemma of causality in rare hepatic adverse drug reactions

To the Editor:

In his editorial, Bader [1] highlights the problems associated with assessing statin-induced hepatotoxicity, a rare hepatic adverse drug reaction (ADR). However, the definitions of hepatotoxicity and idiosyncratic reactions are used by Bader in a confusing way. With the appraisal “Yes! Statins can be given to liver patients” Bader also creates the impression that statins are withheld from patients with liver disease [1]. At least outside the US, however, mainstream physicians including hepatologists never had a problem prescribing statins to their liver patients; uncertainty exists only how to proceed in cases of decompensated liver cirrhosis.

Björnsson et al. [2] have clearly shown that statins can cause idiosyncratic hepatotoxicity. In general, drug hepatotoxicity refers to either of two different underlying reactions, namely the dose dependent, predictable, and hence intrinsic reaction, or the dose independent, unpredictable, and hence idiosyncratic one. Limiting “hepatotoxicity” to the dose dependent reaction leaves the reader with the impression that statins are not hepatotoxic due to lack of dose dependency [1]; on the contrary, statin