



Letter to the Editor

Primary biliary cholangitis with autoimmune hepatitis features: What's the appropriate criteria to evaluate the treatment-response?


Dear Editor,

We read with interest the recent article by Fernando et al. [1] mainly evaluated treatment response in a cohort of primary biliary cholangitis (PBC) patients. We should applaud their work for they raised the concept that the response rate of PBC patients with AIH features could be better, however, results from the current study could be interpreted with the following considerations.

As the authors revealed, five patients may meet Paris criteria for the diagnosis of PBC-AIH overlap syndrome [2]. Patients who met suggested response criteria for both PBC and AIH may be considered biochemical responders as used in another study [3]. For PBC part, ALP is actually a recognized surrogate marker for PBC response, however, it may not be a convincing evidence that the response is anyway different. Another comprehensive comparison including both PBC and AIH parts between PBC-only patients and those with AIH features to evaluate the treatment response would be useful.

Furthermore, as the majority of patients were in Ludwig's stage I and no patient developed cirrhosis during the follow-up, why the authors used Barcelona criteria only for treatment response? Barcelona criteria alone may be too simple for the outcome assessment of PBC. The authors are welcomed to make an analysis by Paris 2 criteria to offer a more robust conclusion.

Declaration of funding interests

Nothing to report.

Conflict of interest

The authors have no conflict of interest to declare.

References

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