

# **Country presentation – Serbia**

## **Case report**

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# Case report – hepatotoxicity

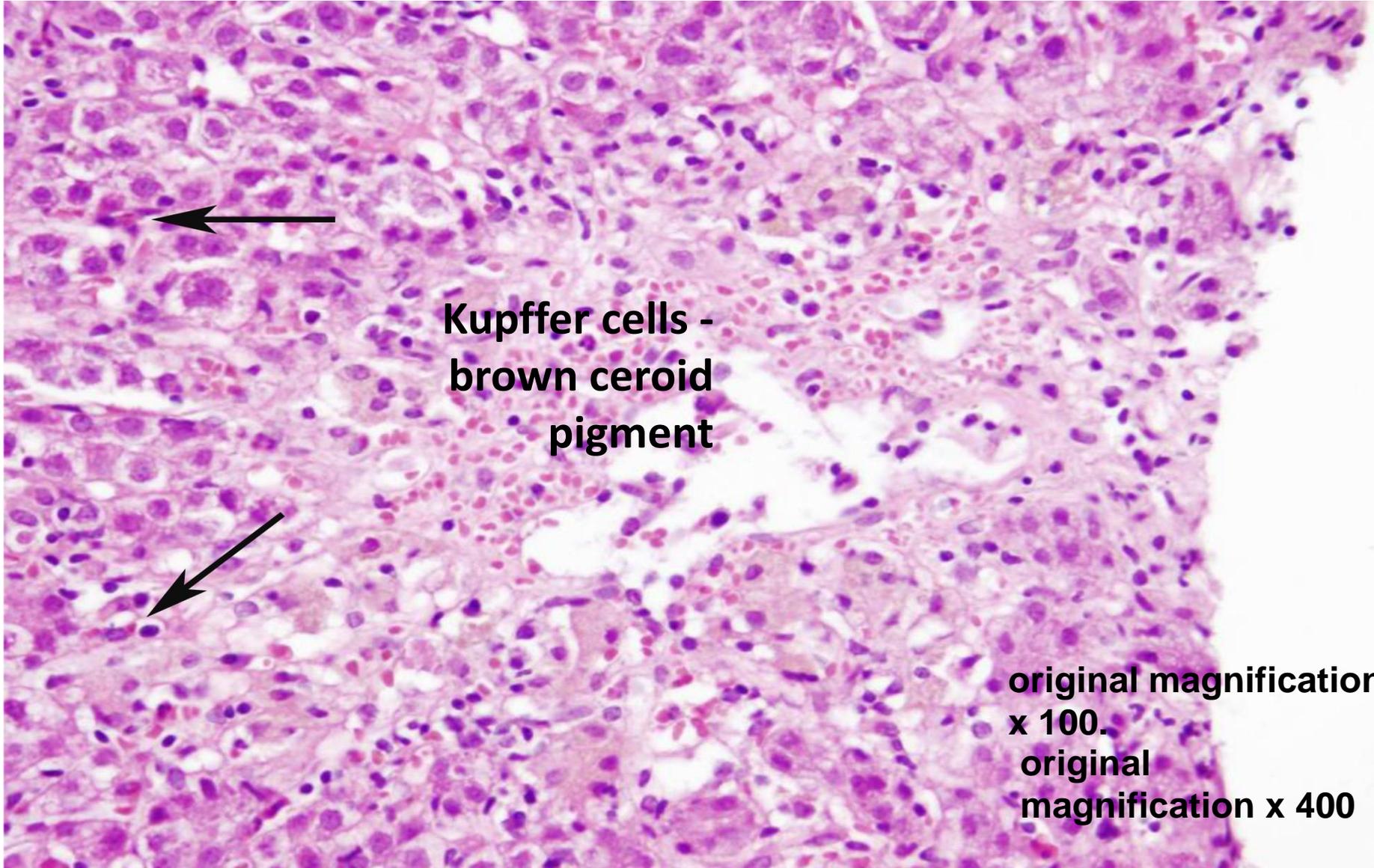
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- A 31-year-old Caucasian female patient, diagnosed with HIV-infection on the 28<sup>th</sup> June 2010 (baseline CD4+ T-cells count 595 cells/mm<sup>3</sup>).
- Followed-up routinely until the 25<sup>th</sup> May 2011, when CD4+ T-cell count drop to 374 cells/mm<sup>3</sup> and when cART was introduced for the first time: ABC/3TC (600 mg + 300 mg) + EFV (600 mg BID).
- Body mass index (BMI) of 19 kg/m<sup>2</sup> was at the cART initiation.
- On the mild December 2011 she complained on nausea, vomiting and right upper abdominal pain.
- Seven days later, as she continued the cART treatment, jaundice developed. No cutaneous forms of hypersensitivity reaction were ever present.

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Patients Laboratory Data	
ALT	1796 U/L
AST	1163 U/L
Lactat-dehydrogenase	710 U/L
Alkaline-phosphatase	228 U/L
$\gamma$ -glutamyl transfarase	487 U/L
Total bilirubine	203.1 mg/dL
Direct bilirubine	126 $\mu$ g/L
Ferritin	217 $\mu$ /L
ACE	126 $\mu$ g/L
Lipase	120 U/L
Amylase – blood	67 U/L
Amylase – urine	670 U/L
Hepatitis B surface antigen	Nonreactive
Hepatitis B surface antibody (mIU/mL)	<1.0
Hepatitis B core IgM antibody (mIU/mL)	Nonreactive
Hepatitis C virus antibody (mIU/mL)	Nonreactive
Antinuclear antibody (mIU/mL)	Nonreactive
Anti-smooth muscle antibody (mIU/mL)	Nonreactive

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- Due to good virological-immunological status of the patient at the time (undetectable viral load and CD4+ T-cell count 711 cells/ $\mu$ L), we opted for therapy withdrawal.
- There with condition of the patient significantly improved, all the symptoms resolved.
- WHO and EACS guidelines recommend efavirenz (EFV) as the first-line drug regimen in treatment naive patients. In contrast with this, recently BHIVA recommends EFV as the alternative for third drug.

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## **EFV/FTC/TDF-Associated Hepatotoxicity: A Case Report and Review**

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