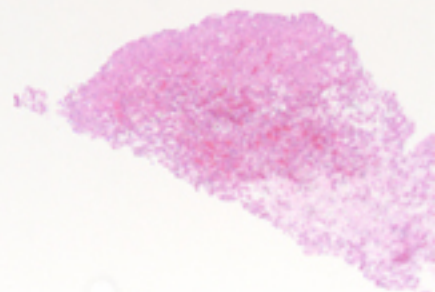
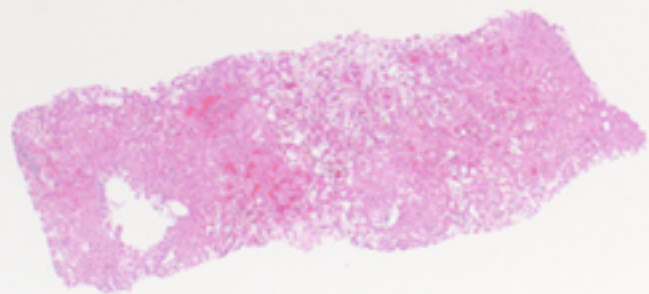
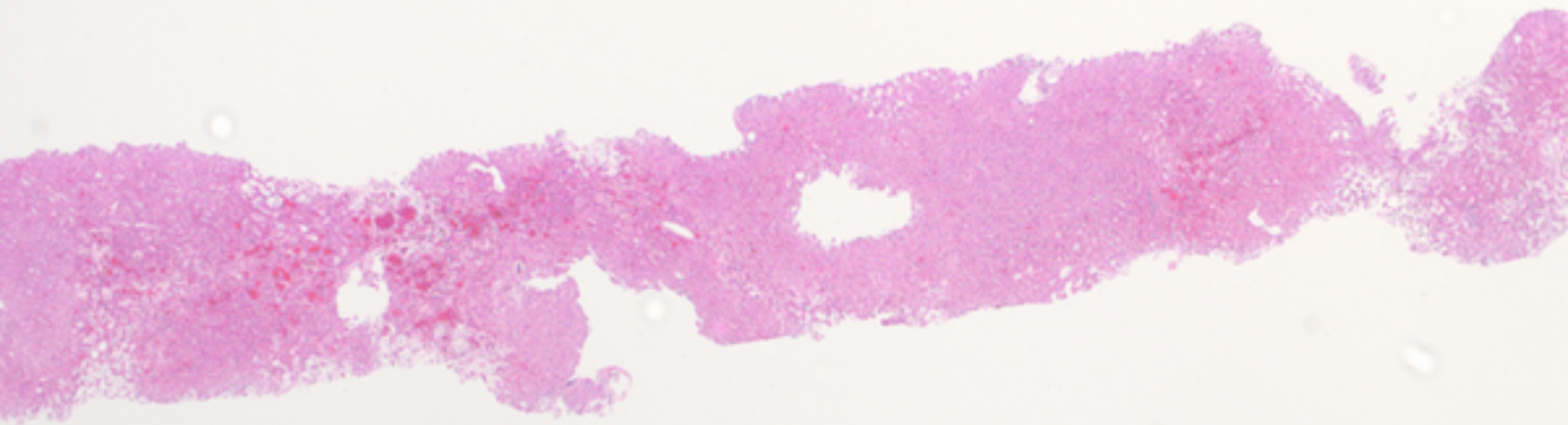
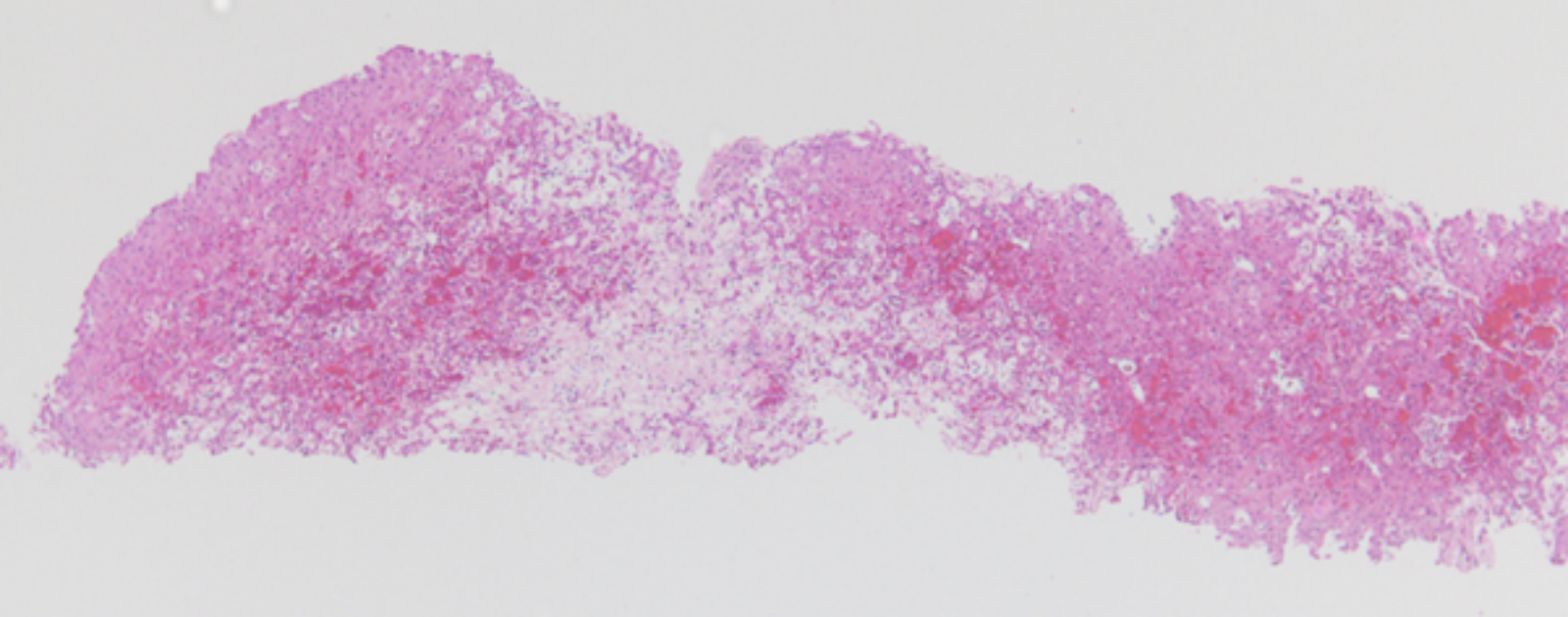


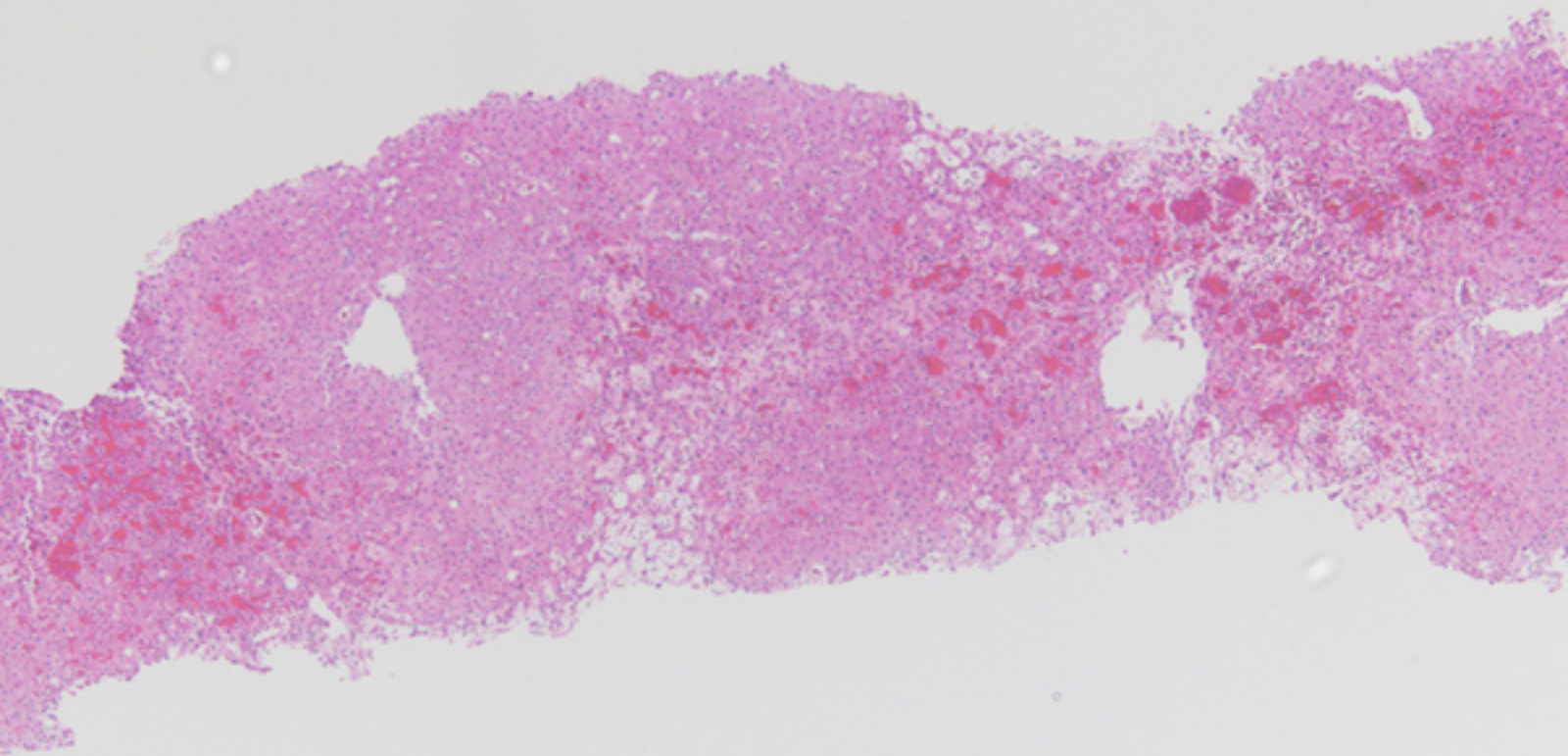
A 50 year old Japanese-American newspaper columnist presented with a 20 year history of ulcerative colitis, treated with sulfasalazine and prednisone. He was stable for many years but recently had increasing bloody diarrhea. Therapy with 6-mercaptopurine was begun approximately 1.5 years before the current episode but, with little apparent effect after about three months, was changed to 6-thioguanine which seemed to alleviate abdominal pain and reduce the number of bowel movements per day. He had recently been noted to have increasing liver test values: total bilirubin was 2.4 mg/dl (0.1-1.2), with a direct component of 0.8 (<0.8), alanine transferase (ALT) was 47 U/L (<46), aspartate transferase (AST) was 52 U/L (<53), alkaline phosphatase was 189 U/L (125), gamma glutamyl transferase was 166 (<57), lactic dehydrogenase was 321 U/L (<190), albumin 3.5 g/dl (3.5-5.5) with a total protein value of 6.2 (6.0-8.5). The INR was 0.9 and he was moderately pancytopenic (hematocrit 20%, white cell count 1300/UL, platelet count 53,000/UL). Other laboratory tests, including serologic studies for hepatitis viruses and autoimmune diseases, were non-contributory.

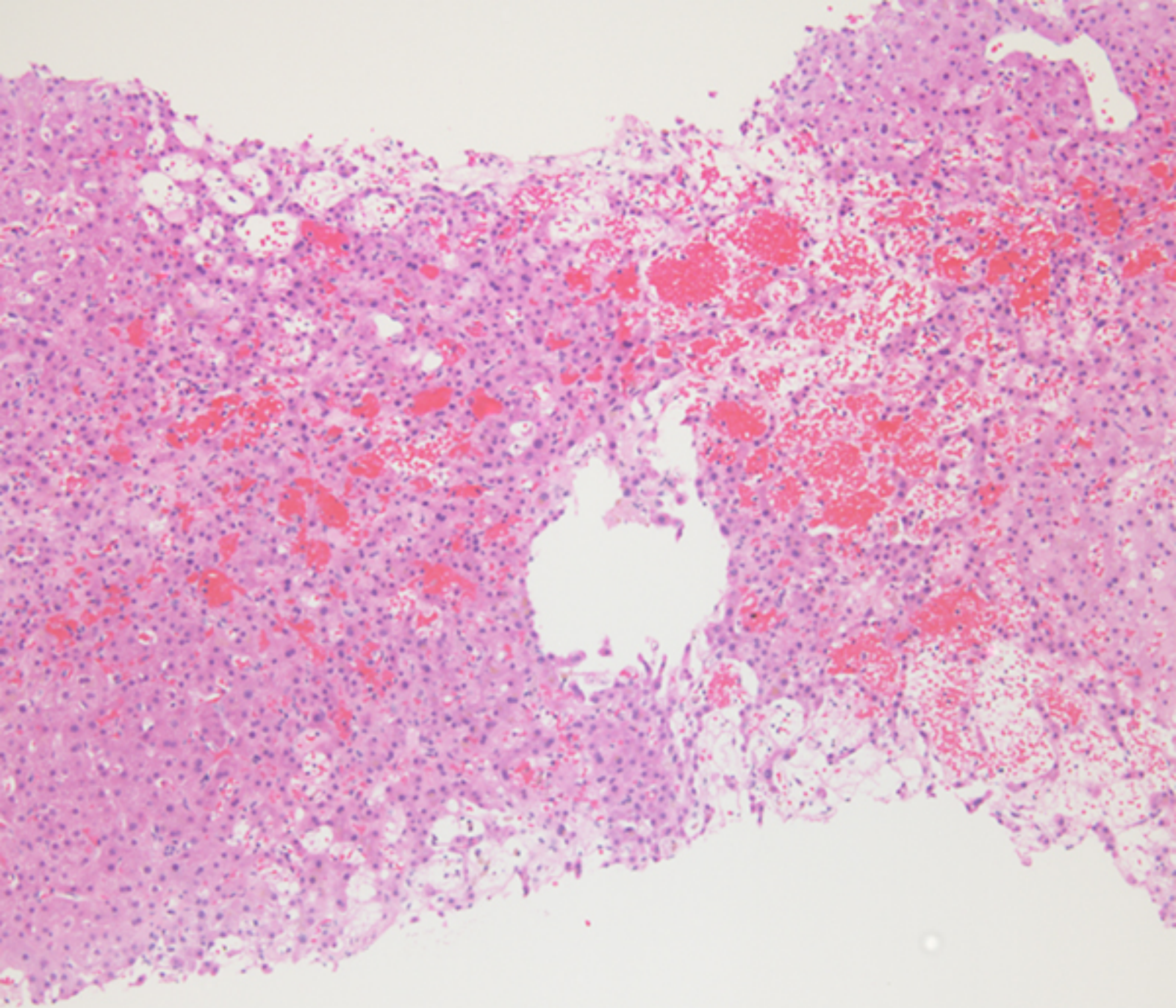
Physical examination was not particularly remarkable. He looked well and in no distress. Neither liver nor spleen was palpable. Bone marrow biopsy, including cytogenetic studies, was non-contributory.

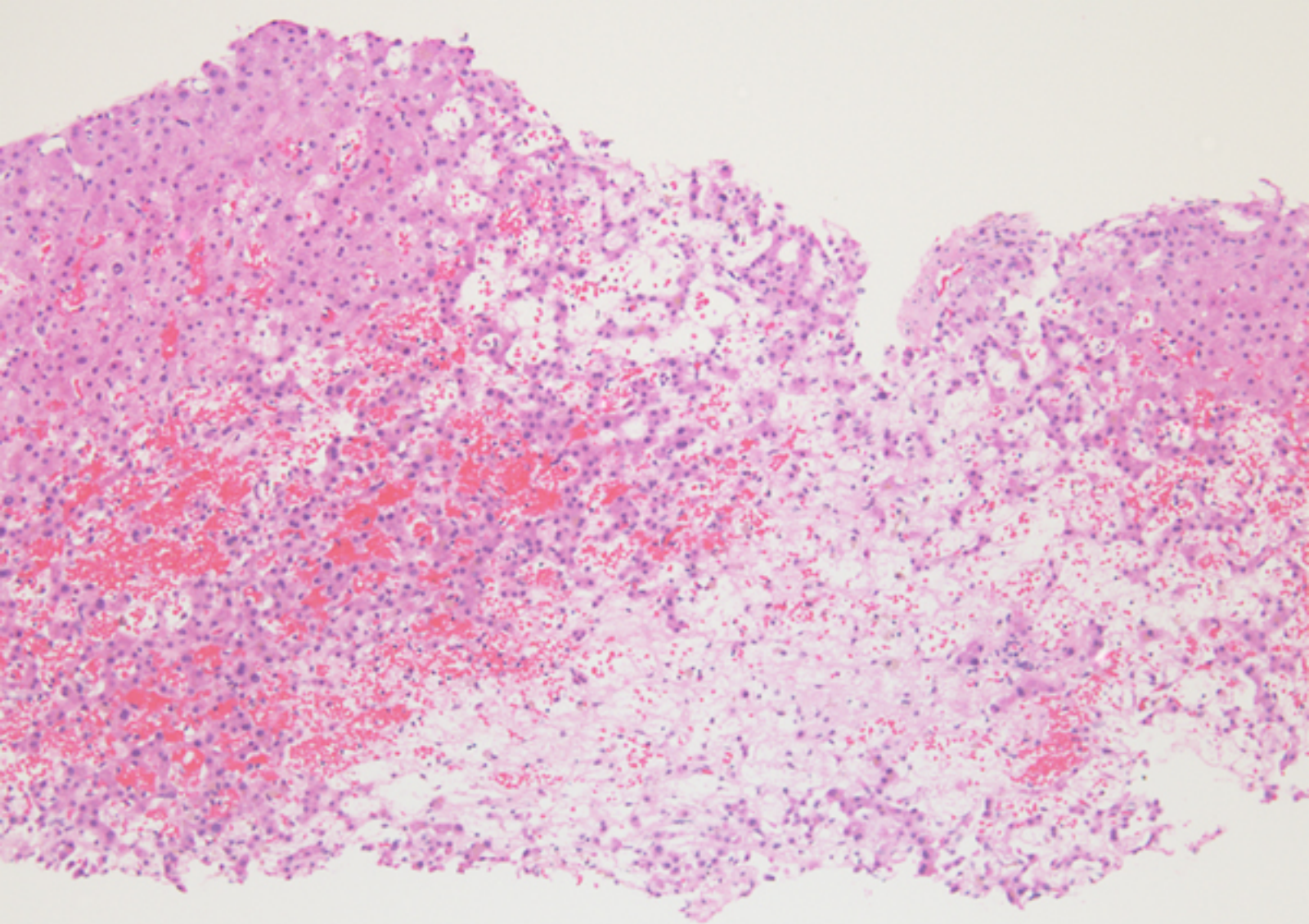
A liver biopsy was performed.

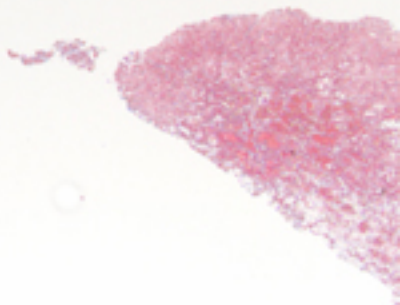
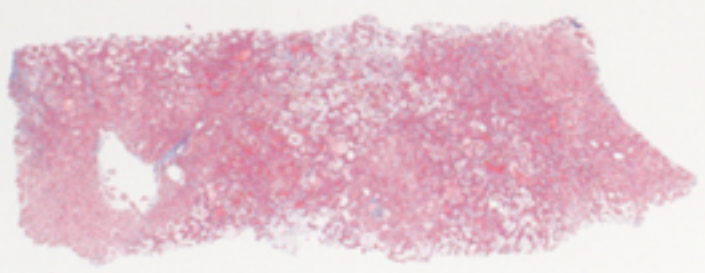
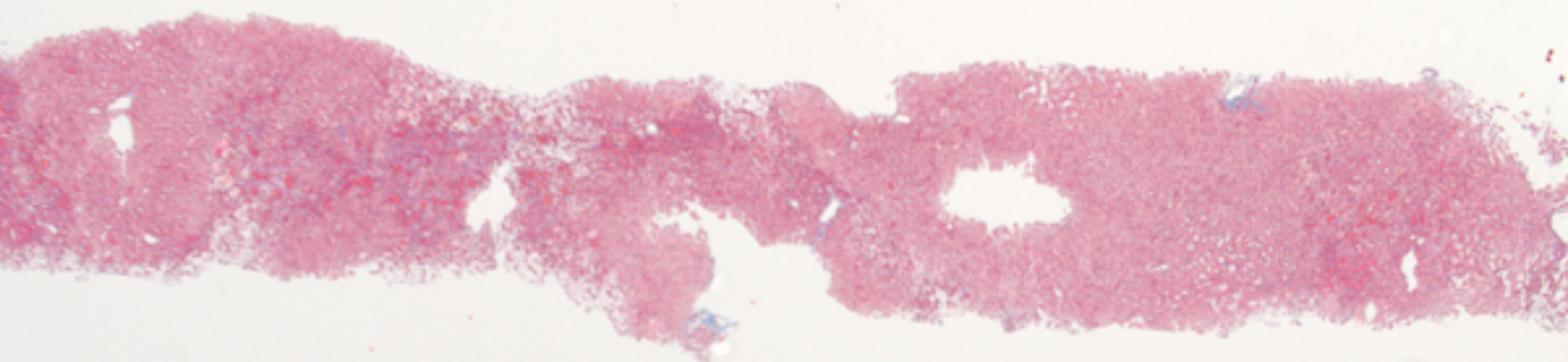












trichrome