PRIMARY SCLEROSING CHOLANGITIS: DIAGNOSTIC AND TREATMENT APPROACH

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Introduction. Primary sclerosing cholangitis (PSC) is a rare liver disease characterized by chronic inflammation and fibrosis causing multifocal biliary strictures, biliary stasis, fibrosis, and liver cirrhosis. Being an autoimmune disease, it affects the intra and extrahepatic ducts but, its pathophysiology remains unclear. **Aim of Study**: To evaluate the current diagnostic and treatment approaches of primary sclerosing cholangitis. **Material and methods.** A literature review of articles and guidelines published between 2015 to 2023 from PubMed, Elsevier and Wiley Online Library with the use of the keywords such as primary sclerosing cholangitis, cholangiocarcinoma, treatment approach was used for this study. **Results.** The studies show that PSC is more associated with Inflammatory Bowel Syndrome. The estimated prevalence is 60-80%. Usually, asymptomatic but clinical manifestations such as abdominal pain, pruritis, jaundice, and fatigue are common. The elevation of serum alkaline phosphatase and gamma-glutamyl transferase values in a cholestatic pattern is the biochemical hallmark of PSC. The gold standard of diagnosis is magnetic resonance cholangiography which reveals large-duct fibrotic strictures of the biliary tree. Antimitochondrial antibody test can exclude primary biliary cholangitis. Ursodeoxycholic acid is the most widely used drug for PSC. PSC progresses to biliary fibrosis and gets complicated by cirrhosis, liver failure and cholangiocarcinoma. **Conclusions.** The cause of PSC remains unclear and treatment approach is lacking. The current treatment approach is limited to management of symptoms. The progressive nature of the disease can lead to liver cirrhosis and finally end with the need for liver transplantation. However, PSC may recur even after liver transplantation. **Keywords:** Primary Sclerosing Cholangitis, cholangiocarcinoma, inflammatory bowel syndrome treatment.

HEPATIC SARCOIDOSIS: CLINICAL AND DIAGNOSTIC ASPECTS

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Introduction. Hepatic sarcoidosis (HS) is a complicated aspect of sarcoidosis, an inflammatory disease with unknown causes, marked by the formation of non-caseating granulomas in various organs. The liver is a frequent site for sarcoidosis, ranked after the lungs and lymph nodes. **Aim of Study**: To analyze the various clinical and diagnostic aspects of Hepatic sarcoidosis. **Material and methods.** The study is based on the assessment of articles and guidelines sourced between 2014 to 2024 from PubMed, Elsevier and Wiley Online Library with the use of the keywords such as hepatic sarcoidosis, granulomas, clinical manifestations. **Results.** Liver involvement was seen in 4.2% of sarcoidosis patients, in which 14.5% are clinically significant. Clinical symptoms range from asymptomatic lesions with normal liver tests to cirrhosis and portal hypertension. The primary symptoms are abdominal pain, jaundice and pruritus. Most common indicator is an elevated alkaline phosphatase level. Ultrasound examination, abdominal CT, and MRI findings in those patients may easily be confused with other liver pathologies such as primary biliary cholangitis, tuberculosis, drug induced liver injury, malignant lymphoma, viral hepatitis or other liver diseases. On biopsy, hepatic sarcoidosis can be diagnosed by the presence of non-caseating hepatic granulomas and multinucleated giant cells. **Conclusions.** Hepatic sarcoidosis is a critical area of study due to its challenging diagnosis and lack of treatment guidelines. Since it mimics the symptoms and similarities of other liver diseases, the best method to distinguish this pathology is biopsy. Biopsy serves as the cornerstone in diagnosing hepatic sarcoidosis. **Keywords**: Hepatic sarcoidosis, granulomas, clinical manifestations.