



# Researchers ID Risk Factors for Autoimmune Hepatitis Post-Liver Transplant

Age and transplant drugs can affect recurrence of autoimmune hepatitis.

June 6, 2022 By Laura Schmidt

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A multicenter study conducted by an international consortium including UT Southwestern has identified several risk factors and outcomes for people with [autoimmune hepatitis \(AIH\)](#) that recurs after [liver transplantation](#).

[Published in the Journal of Hepatology](#), these findings may help improve the management and possible prevention of AIH, which affects about 1 to 2 people out of every 100,000 worldwide, according to the National Organization for Rare Disorders.

“Autoimmune hepatitis is a very rare disorder of the [liver](#), and liver transplant is a rare surgical procedure, with only 9,236 performed in the United States in 2021,” study author Mark Pedersen, MD, assistant professor of internal medicine in the Division of Digestive and Liver Diseases at UT Southwestern, [said in a news release](#). “Only a small fraction of liver transplants are performed for autoimmune hepatitis, so it’s difficult to make any observations about risk or outcomes at a single medical center because the number of patients seen there will be so small. That’s why the International Autoimmune Hepatitis Group exists, to pull together information on large numbers of patients.”

AIH is characterized as an autoimmune response against healthy liver cells, which may lead to [cirrhosis](#), [liver failure](#) and sometimes death. Few patients are fortunate enough to receive liver transplants to treat AIH, which recurs in a number of these patients.

To learn more about the [risk factors](#) that might boost the likelihood of recurrence, the consortium gathered 736 people with AIH from medical centers across North America, South America, Asia and Europe who had had liver transplants to treat AIH between 1987 and 2020. A total of 147 people experienced AIH recurrence posttransplant.

Researchers found that being under age 42 when receiving a transplant, a sex mismatch between the organ donor and the recipient, an increased amount of serum immunoglobulin IgG present before transplant and use of the immunosuppressant drug mycophenolate mofetil after transplant

were all AIH risk factors.

Researchers also discovered that 93% of patients who did not experience recurrent AIH survived at least five years posttransplant, and only 81% of people who developed this condition did.

Physicians can use these findings to explain to those with AIH what to expect after liver transplant, which risk factors to be aware of and what the best options for posttransplant care are.

To learn more about AIH and treatment, read “[How Is Autoimmune Hepatitis Different From Hepatitis C](#)” and “[What Is Autoimmune Hepatitis?](#)”

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