



Clinical and immunological variability in primary biliary cholangitis influences the response to UDCA therapy

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INTRODUCTION

Primary biliary cholangitis (PBC) is considered a rare autoimmune cholestatic liver disease. Autoantibody status should be checked in all suspected patients, and the presence of AMA or anti-M2, ANA anti-gp210 or sp-100 specific may be sufficient to diagnose PBC. The study aimed to identify the immunological profile and therapeutic response in patients with PBC from the Republic of Moldova.

MATERIAL AND METHODS

Retrospective descriptive study, including 41 patients with PBC, evaluated over a 5-year period from 2019 to 2025. The diagnosis was based on biological and/or histological criteria.

RESULTS

In the cohort analysis, three immuno-clinical PBC models were identified. Scenario 1 included 24 patients (100% women), mean age 52.2 years, characterized by AMA (AMA-M2 positive), persistent increase in ALP, predominant skin pruritus (86%) and a favorable response to UDCA, observed in 90% of cases ($p < 0.05$). Scenario 2 was identified in 9 patients (8 women/1 man) mean age 55.1 years, presented with predominant physical asthenia (100%), chronic increase in ALP, AMA neg; ANA sp-100

and/or gp-210 positive. In this group, higher levels of AST ($p = 0.01$) and ALT ($p = 0.05$) were identified, and IgM levels were lower ($p = 0.05$). Scenario 3 was recorded in 8 patients (6 women/2 men), mean age 58.9 years; AMA neg/ANA neg, increased ALP, with predominance of arthralgias ($p < 0.001$) and increased C-reactive protein ($p < 0.05$). The diagnosis was confirmed histologically, by the presence of destructive cholangitis and ductopenia. Patients in this group showed a tendency to lack of response to UDCA ($p = 0.05$).

CONCLUSION

This study demonstrated a clinical and immunological variability of PBC, identifying at least 3 scenarios, which influence early diagnosis, but also therapeutic efficacy. It is necessary to identify new biomarkers for early diagnosis of PBC and new effective drugs.