Table 3: Comparisons of the parameters of the IAHG scoring system between patients with chronic liver diseases* achieving a probable (n = 8) and a negative AIH score (n = 415).

Characteristics	Negative score no. of patients (%)	Probable score no. of patients (%)	P-value
Gender			
Female	225 (54.2)	6 (75)	NS
Male	190 (45.8)	2 (25)	
ALP/ALT ratio			
Positive: score +2	330 (79.5)	8(100)	NS
Negative: score 0, -2	85 (20.5)	0	
Serum globulin or IgG above normal			
Positive (score ≥ 1)	196 (47.2)	6 (75)	NS
Negative (score 0)	505 (57.9)	2 (25)	
ANA, SMA or anti-LKM			
Positive (titre ≥ 1:40)	327 (78.8)	8 (100)	NS
Negative	88 (21.2)	0	
AMA			
Positive (titre ≥ 1:40)	48 (11.6)	1 (12.5)	NS
Negative	367 (88.4)	7 (87.5)	
Hepatitis viral markers			
Yes	214 (51.6)	2 (25)	NS
No	201 (48.4)	6 (75)	
History of illicit drug use			
Yes	25 (6)	0	NS
No	390 (94)	8 (100)	
Average alcohol intake			
<25 g/day	318 (76.6)	7 (87.5)	NS
>60 g/day	97 (23.4)	1 (12.5)	
Histological score			
Positive (score > 0)	54 (13)	4 (50)	0.015**
Negative (score ≤ 0)	361 (87)	4 (50)	
Aggregate histological score (mean ± SD)	-4.13 ± 3.3	0.88 ± 2.8	<0.001***
Other autoimmune disease			
Yes	23 (5.5)	1 (12.5)	NS
No	392 (94.5)	7 (87.5)	
Aggregate AIH score (mean ± SD)	2.29 ± 4.07	11.63 ± 1.19	<0.001***

Abbreviations are same as in text; NS: not statistically significant; SD: standard deviation; *Excluding AIH patients (n = 43) and patients with coincidence of AIH and any kind of liver disorder (n = 24); **Fisher's exact test; ***Mann-Whitney U test;

After comparisons of the parameters of IAHG scoring system among the group of patients with AIH (n = 43), the group of patients with AIH/overlap syndromes (n = 10) and the group of patients with coexistence of AIH and other liver disease (n = 14) we found that (Table 6): (a) patients with AIH/overlap syndromes had significantly increased prevalence of AMA detection (p = 0.001), more frequently a negative score (≤0) in liver biopsy (p = 0.003), and significantly lower total histological score (-2.1 ± 4.4 vs 2.73 ± 1.98, p = 0.001) compared to patients with AIH and (b) patients with coincidence of AIH and other liver disease had significantly higher prevalence of viral hepatitis markers (p < 0.001) and higher average alcohol intake (p < 0.05) compared to AIH patients. However, after binary logistic regression analysis the lower total histological score was the only independent predictive factor that was able to differentiate the presence of AIH/overlap syndromes from the presence of isolated AIH (p < 0.05), while the higher average alcohol intake was the only independent predictive factor that was able to differentiate the presence of AIH with concurrent other liver disease from the presence of isolated AIH (p = 0.02).

The aggregate IAHG score in the group of patients with coexistence of AIH and any kind of liver disease was significantly higher (10 ± 4.1; n = 24) compared to that found in patients with liver diseases after the exclusion of AIH patients, patients with AIH/overlap syndromes and patients with coincidence of AIH and other liver disease (2.5 ± 4.23; n = 423; p < 0.001; Table 4 and Figure 1) but significantly lower than the aggregate AIH score observed in patients with AIH (10 ± 4.1 vs 17 ± 3.05, respectively; p < 0.001, Figure 1). The aggregate IAHG score for each subgroup of patients with AIH/overlap syndromes (9.3 ± 4.8; n = 10) and patients with coincidence of AIH and other liver disease (10.5 ± 3.7; n = 14) was significantly higher