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A 24-year old female with indeterminate hyperacute liver failure: A case report

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Background: Acute liver failure (ALF) in young age is rare, yielding limited known data in its pathophysiology and management. ALF refers to sudden massive hepatic necrosis with encephalopathy and impaired synthetic function without pre-existing cirrhosis.

Case Description: A previously healthy 24 year old female with a history of lacrimal gland tumor on chronic oral prednisone (40 mg) for a year was admitted for acute decreased sensorium, generalized jaundice, tea-colored urine, anorexia and undocumented fever. Interval between jaundice and encephalopathy was hyperacute (<7 days).

Results: Laboratory findings showed hyperbilirubinemia, transaminitis, elevated alkaline phosphatase, impaired coagulation hyperammonemia and normal platelets. Extensive work-up including hepatitis panel, paracetamol, methamphetamine, cannabinoids, benzodiazepine, barbiturates, cocaine, opiates, phencyclidine, cytomegalovirus IgM, EBV, HSV1, HSV2, C3, anti-Sm and anti-mitochondrial antibody, LKM1, ceruloplasmin, strepA throat screen test, malarial smear and leptospiral IgM were all unremarkable. Medical and supportive treatments were promptly provided and orthotopic liver transplantation (OLT) was contemplated, however, cerebral edema and hemorrhage ensued on day 5 leading to demise.

Discussion: Etiology varies widely among toxic, viral, metabolic and vascular insults. There are rare reports of ALF with repeated steroid administration. Management consisting of intensive care should be initiated depending on the etiology and chronicity of ALF. OLT has emerged as the only therapeutic intervention with proven benefit for patients with advanced ALF.

Conclusion: We report a case of indeterminate hyperacute liver failure in a healthy female. Despite extensive work-up and prompt intensive medical management, rapid clinical deterioration ensued. History of chronic steroid use might be a precipitant, as supported by few case reports.

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