

INASL Consensus Statement on Acute Liver Failure (Part-1): Epidemiology, Pathogenesis, Presentation and Prognosis

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Abstract

Acute liver failure (ALF) is an infrequent, unpredictable, potentially fatal complication of acute liver injury (ALI) consequent to varied etiologies. Etiologies of ALF as reported in the literature has regional differences, which affects the clinical presentation and natural course. In this part of the consensus paper designed to reflect the clinical practices in India, disease burden, epidemiology, clinical presentation, monitoring, and prognostication has been discussed. In India, viral hepatitis is the most frequent cause of ALF, with drug-induced hepatitis due to anti-tuberculosis drugs being the second most frequent cause. The clinical presentation of ALF is characterized by jaundice, coagulopathy, and encephalopathy. It is important to differentiate ALF from other causes of liver failure, including acute on chronic liver failure, sub-acute liver failure as well as certain tropical infections which can mimic this presentation. The disease often has a fulminant clinical course with high short term mortality. Death is usually attributable to cerebral complications, infections, and resultant multi-organ failure. Timely liver transplantation (LT) can change the outcome, and hence, it is vital to provide intensive care to patients until liver transplantation can be arranged. It is equally important to assess prognosis to select patients that are suitable for LT. Several prognostic scores have been proposed and their comparisons show that indigenously developed dynamic scores have an edge over scores described from the Western world. Management of ALF will be described in part-2 of this document.

Reference

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