

Acute Liver Failure - Summary

DEFINITION

- 1) Acute liver inflammation*
- 2) Coagulopathy (INR > 1.5)
- 3) Hepatic Encephalopathy

*Without underlying liver disease

ETIOLOGIES

Drugs/Toxins	<ul style="list-style-type: none"> ▪ APAP, statins, AED, abx ▪ Supplements, mushrooms 	<ul style="list-style-type: none"> ▪ APAP, salicylate level ▪ Urine tox screen
Viral	<ul style="list-style-type: none"> ▪ Hepatitis A, B, D, & E ▪ Rarely: HSV, VZV 	<ul style="list-style-type: none"> ▪ Viral serologies and PCRs ▪ HIV
Ischemia	<ul style="list-style-type: none"> ▪ Budd-Chiari ▪ Shock liver / Ischemic hepatitis 	<ul style="list-style-type: none"> ▪ Liver ultrasound with doppler
Other	<ul style="list-style-type: none"> ▪ Autoimmune Hepatitis ▪ Pregnancy-related ▪ Wilson's Disease 	<ul style="list-style-type: none"> ▪ ANA, AMSA, IgG ▪ Pregnancy test ▪ Ceruloplasmin

MANAGEMENT

- 1) Treat and prevent complications

Complication	Monitoring/ Treatment
Cerebral Edema	CT head Q1-4h neurochecks Intubation (airway protection) HOB > 30°, hypertonic saline, mannitol
Hypoglycemia	From lack of gluconeogenesis Q1-2h blood glucose D5W infusion
Multiorgan failure	Intubation, vasopressors Renal replacement therapy
Coagulopathy	FFP and IV vitamin K only if bleeding
Infection	Consider prophylactic antibiotics/antivirals

- 2) NAC

- 3) Risk calculators (KCC) to prognosticate
- 4) Transfer to Liver Transplant (LT) Center