

Category : **Liver disease**

A67 - Prognostic markers of acute liver failure : a retrospective observational study.

M Benlabeled¹ ; S Benlabeled² ; S Nedjari³ ; R Gaudy⁴ ; A Ladjouze³ ; S Aissaoui³

¹Lille University, Anesthesiology, Lille, France, ²Free University of Brussels, Internal Medicine, Brussels, Belgium, ³Algiers University, Anesthesiology, Algiers, Algeria, ⁴Lille University, Internal Medicine, Lille, France

Introduction:

Prognostic criteria in patients with acute liver failure(ALF) are an important tool to evaluate the severity and to predict the mortality of this disease. . The objective of this study was to analyze the impact of different prognostic markers on the outcome of patients with ALF .

Methods:

We conducted a retrospective observational study enrolling 40 patients who presented acute liver failure (ALF) at the emergency department of an university hospital from may 2016 to may 2020. The main etiologies of ALF were paracetamol poisoning and Fulminant viral hepatitis.

We collected, analyzed and compared the data of 2 groups of 20 patients with ALF: a first group of survivors and a second group of non survivors.The patients were 35+-15 years old without anterior comorbidity.Patients' baseline characteristics were well matched between groups.

In the two groups, we measured and recorded blood lactate level at T0 ,T12H and T24H , arterial Ammonia concentration at T0 , T24H and T 48H, blood fibrinogen level, INR , biological parameters particularly blood sodium and serum creatinine .

We registered the requirement of invasive mechanical ventilation(IMV), of renal replacement therapy(RRT) ,the incidence of grade 3-4 hepatic encephalopathy(HE) and cerebral oedema .We calculated SOFA Score at day 1, and day 3 ..

Results:

Statistic analysis used Mann whitney test and results expressed as Mean values with standard deviation .See (Table1). We observed also that Cerebral edema and 3-4 HE were more frequent in non survivors compared to survivors respectively 45% VS 20 %.. Fibrinogen was significantly reduced in non survivors compared to survivors. repectively 0.89 g/l+-0.11 vs 2.1+-0.59 p<0.0001

Conclusion:

We observed that these parameters, particularly the combination of lactate[1] , serum creatinine , ammonia is of great importance to identify early, patients who will not survive with medical therapy and so to select potential candidates for liver .transplantation.

References:

1.Figueira et al BMC Gastroenterol 21,252 ,2021

Table:

	SURVIVORS	NON SURVIVORS	P
Lactates T0 mmol/l	3.17+-0.96	6.20 +-1.99	<0.0001
Lactates T 12h	3.42 +-0.7	7.34+-2.21	<0.0001
Ammonia µmol/L Day2	104.9 +-20.8	162.55+-35.3	<0.0001

Sodium mmol/l	134.5+-5.10	125.7+-5.21	<0.0001
SOFA score Day 3	9.66+-1.66	13.95+-2.99	<0.0007

Variables related to outcome in patients survivors and nonsurvivors