

EP16.69 Acute Hepatitis E in Late Pregnancy Masquerading as Acute Fatty Liver of Pregnancy: A Diagnostic Dilemma

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Introduction

Acute liver injury in the third trimester is a life-threatening obstetric emergency. Because pre-eclampsia/HELLP, viral hepatitis, drug-induced injury, intrahepatic cholestasis and acute fatty liver of pregnancy (AFLP) present similarly, distinguishing pregnancy-specific from infective liver disease is often challenging — yet essential to guide management.

Case at Presentation

34y, G4P2L1A1 • 34+2 weeks • jaundice, dark urine, early satiety × 2 days • normotensive, no HELLP

3819 / 1942

SGOT / SGPT (U/L)

8.07

Direct bilirubin (mg/dL)

21.1 / 1.85

PT (sec) / INR

↑

Serum ammonia

Diagnostic Dilemma

Swansea criteria score = 6 → AFLP fulfilled as leading differential

	AFLP	Hepatitis E
Onset	3rd trimester	3rd trimester
Liver/coag picture	Deranged	Deranged
Key test	Clinical criteria	Anti-HEV IgM/IgG +ve
Management	Prompt delivery	Supportive care

Key Investigation

Anti-HEV IgM & IgG: positive — diagnosis revised from AFLP to acute hepatitis E-related fulminant hepatic failure.

Management & Outcome

- Day 0:** Fulminant hepatitis identified; AFLP vs viral hepatitis worked up
- Days 1–5:** N-acetylcysteine infusion; serial LFT/coagulation monitoring; hepatotoxic drugs avoided
- Day 7:** Liver function & coagulation profile normalised
- Day 9:** Spontaneous preterm labour
- Delivery:** Preterm Caesarean — male, 2490 g, APGAR 8/9

Take-home message: Hepatitis E and AFLP both cause fulminant liver failure in pregnancy with major diagnostic overlap. Early viral work-up prevents unnecessary iatrogenic preterm delivery — favour prompt delivery for AFLP but conservative, supportive management for hepatitis E, with rapid multidisciplinary escalation.