

A case of misunderstanding: clinical decision-making bias in a patient presenting with acute kidney injury and deranged liver function tests **oaa2025.0a50286**

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Case report

A 31-year-old 36+3/40 pregnant Afro-Caribbean woman, G2P1, presented to the triage unit of a District General hospital with vomiting and feeling generally unwell. Known sickle-cell carrier.

DAY 1

- Presented with shortness of breath and vomiting. BP and ECG were normal. Discharged following blood tests (U&Es, FBC, CRP, Lactate) with suspected gastritis
- Asked to return to triage and admitted following blood results demonstrating AKI stage 3 (Hb 110, Platelets 154, Creatinine 205, eGFR 27, lactate 1.3). Mild icterus noted on admission by midwife.

DAY 2

- Obstetric team suspected atypical presentation of pre-eclampsia. No proteinuria. Also reviewed by on-call medical team who suspected pre-renal AKI stage 3 secondary to hypovolaemia
- Remote renal registrar review requested immunology screen. Ultrasound kidneys showed mild right hydronephrosis, nil else remarkable.
- Category 3 c-section booked due to ongoing AKI and possible pre-eclampsia

DAY 3

- Pre-c-section bloods taken: Hb 113, Plt 121, potassium 6.5, Creatinine 26, Bilirubin 233, ALT 94, ALP 816, clotting profile normal
- Spinal anaesthetic and c-section performed. Patient capillary blood glucose 2.5. Scleral jaundice present.
- Acute fatty liver of pregnancy (AFLP) confirmed and patient transferred post-op to intensive care for invasive monitoring

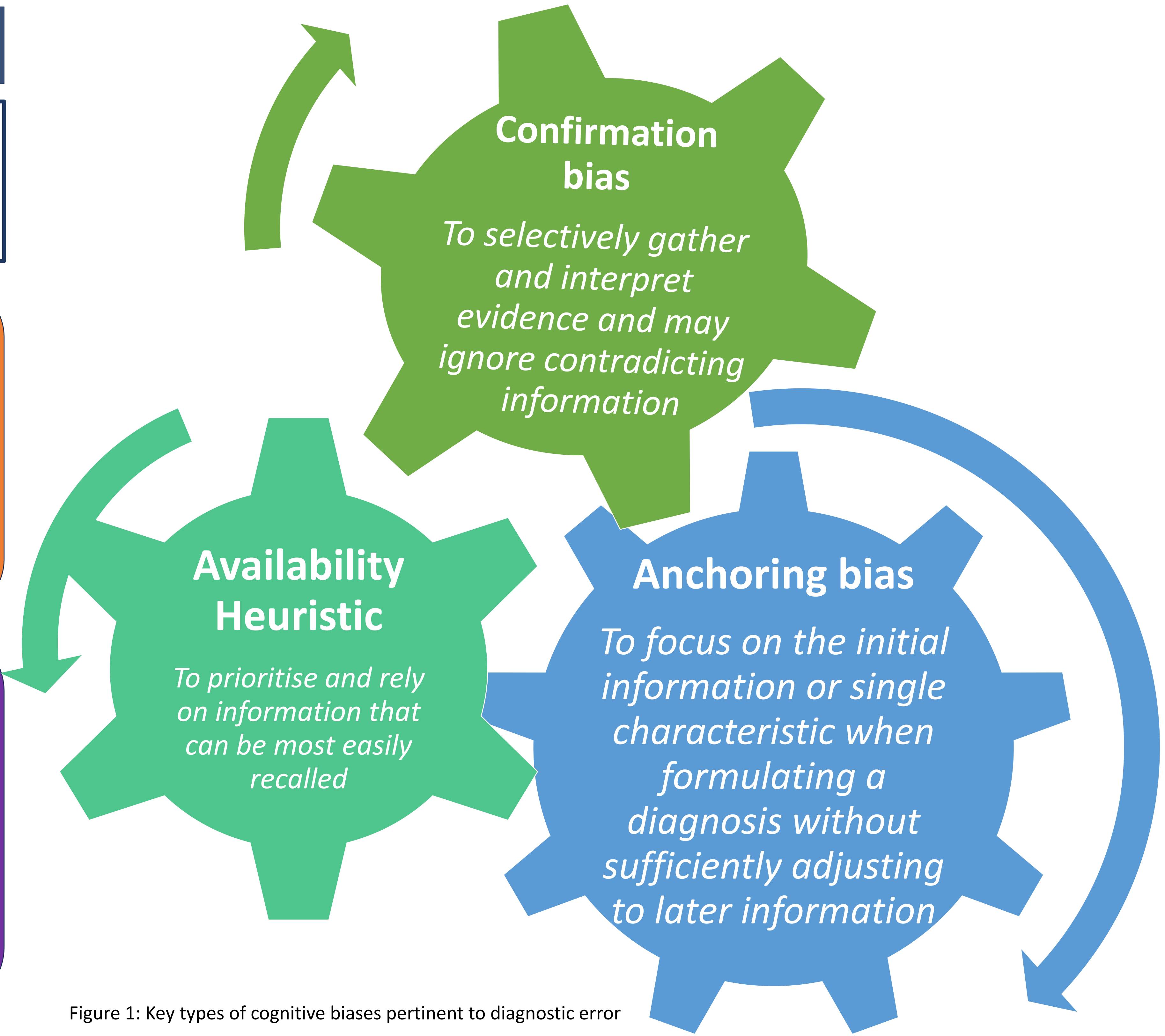


Figure 1: Key types of cognitive biases pertinent to diagnostic error

References

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Discussion

- As clinical complexity increases among the UK maternal population, an MDT approach to patient management is essential to ensure a high standard of patient care.
- Acute fatty liver of pregnancy (AFLP) is a very rare condition. It occurs in about 1 in 20,000 pregnancies

Differential diagnoses in a pregnant patient presenting with deranged renal and liver function are vast and may include: Pre-eclampsia, Hyperemesis gravidarum, Intrahepatic gestational cholestasis, HELLP syndrome, acute fatty liver of pregnancy, amongst others.

- **Innate and/ or intuitive cognitive biases can lead to delayed recognition and diagnostic error**
- **Methods to combat decision-making bias include:**
 - **Simulation** (reinforces rule-based cognition using algorithms; allows familiarity to develop with uncommon scenarios and ‘pitfalls’)
 - **Multi-disciplinary involvement in complex cases and cross-specialty teaching**
 - **Personal reflection to reinforce behaviours that reduces bias in the long-term and awareness of the detrimental effects of fatigue/ cognitive overload and sleep deprivation.**
- **Cognitive forcing strategies should be practiced/ employed by clinicians to recognise failings of memory, appreciate the problem within the wider clinical context and reflect on past assumptions.**