

Acute Fatty Liver in Pregnancy

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Objectives

To demonstrate the importance of the multidisciplinary team in approaching ,early Diagnosing and managing a rare case of acute fatty liver in pregnancy.

Examination on admission

Deeply jaundiced patient who was fully conscious at initial examination. The blood pressure, pulse and temperature were 106/63 mmHg, 111 bpm and 36.8 degrees Celsius, respectively. Respiratory and cardiovascular examinations were normal. The abdomen was soft and there was no hepatomegaly or splenomegaly. The height of fundus was 38 weeks, and the fetal heart was present and normal.

Case Presentation

32 years old lady of 37 weeks of gestation, presented to Our hospital as a referral from private facility ,She had been generally unwell for 4 days prior to presentation and reported that she had nausea, vomiting and yellowing of the eyes for the same duration. Patient was admitted to Our Labor ward for further management after MDT meeting on 27/8/2022 .There was no History of any chronic illness, as well as no history of ingestion of any medications. Couple of hours after, the CTG of the baby became pathological A decision of Lower segment cesarean section was done. Patient was admitted to the Surgical intensive care unit.

with daily follow up from a multidisciplinary team the patient showed a great improvement clinically and biochemically and was discharged in a good condition with a plan of follow up.

Investigations & results

Her initial labs results were: Creatinin: 164 micromol/L, Glucose fasting: 3.09 mmol/L, Total protien:55 g/L, Albumin: 22 g/L, Biirubin Total: 137.0 micromol/L, bilirubin Direct: 123.0 micromol/L, Bile acid total: 74.5 micromol/L, Alkaline phosphatase: 565 IU/L, AST: 259 IU/L, ALT: 425 IU/L, WBCC: 21.85 x10⁹/L, Hb: 150 g/L, Platelets: 123x10⁹/L, coagulation profile: PT:23, INR:1.8, APTT:46, CRP:12, Blood group: A-ve, Procalcitonin 0.863 ng/mL, Protein creatinine ratio 1.21 g/g Creat and total protein 55 g/L, Total albumin 22 g/L,bile total 137.0 micromol/L,bile direct 123.0 micromol/L

Ultrasound scan of the Abdomen:

Mild diffuse fatty infiltrates of the liver parenchyma with thickening of the wall of the gall bladder (gallstones). Moderate dilatation of the collecting system of both kidneys.

Discussion

A case of a patient with suspected AFLP and good outcome. This case highlights the importance of a high index of suspicion of the condition in women presenting with jaundice in pregnancy. It is important to always consider life threatening differentials which may require prompt delivery and intensive care.

Conclusion

AFLP is a rare, life-threatening complication of third trimester which requires a high index of suspicion for early diagnosis. Urgent delivery and maximum supportive care should be instituted to prevent poor outcomes

