



Acute fatty liver of pregnancy: diagnostic and therapeutic approaches

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INTRODUCTION

Acute fatty liver of pregnancy (AFLP) is a rare but specific hepatopathy, representing a medical and obstetric emergency. It can be potentially fatal for both the mother and fetus. Maternal consequences include acute hepatocellular failure, hemostatic disturbances, and renal insufficiency, with a risk of intrauterine fetal death. .

OBJECTIVE

To update knowledge on the diagnostic and therapeutic management of AFLP.

METHOD

Patients were identified from hospitalization records. Maternal and pregnancy-related characteristics, AFLP-related features, as well as maternal and neonatal outcomes were reviewed. Descriptive and inferential statistics were performed using SPSS (IBM, v26).

DESIGN

➤A retrospective, longitudinal, and descriptive study conducted over 4 years, from January 2021 to December 2024. Pregnant women who were diagnosed with and treated for AFLP at the Gynaecology and Obstetrics Department B, Charles Nicolle Hospital, Tunis,Tunisia were included.

RESULTS

- Six cases of AFLP were recorded.*
- The average gestational age at diagnosis was 33 weeks and 4 days of amenorrhea. Four patients were multiparous, with previous normal pregnancies, and two had twin pregnancies. T*
- wo patients had pre-eclampsia.*
- Digestive symptoms, including vomiting and abdominal pain, were present in all cases. Pruritus was found in four cases, and polyuria-polydipsia in two cases.*
- No encephalopathy was observed. Two patients developed jaundice 4 to 10 days before delivery, while one developed it in the immediate postpartum period. Biological abnormalities included: leukocytosis (6 cases), hypoglycemia (4 cases), elevated uric acid (4 cases), raised transaminases and bilirubin (6 cases), acute renal failure (2 cases), and a prothrombin level below 50% (2 cases).*
- One patient experienced severe coagulopathy requiring blood product transfusion. Renal dialysis was indicated for one patient. Abdominal ultrasound performed in five patients showed a hyperechoic liver in only one case. The decision to perform fetal extraction was made after calculating the Swansea score, which was above 6 for all patients.*
- Delivery occurred vaginally in one case and by emergency C-section in the others. One maternal death occurred in the postpartum period due to the subcapsular liver hematoma rupture. Complete remission was noted for the other patients.*
- Multivariate analysis revealed that factors associated with poor prognosis included hypoglycemia, coagulation disturbances, and the severity of renal and hepatic impairment at admission.*

CONCLUSIONS

AFLP remains a severe condition. Early diagnosis of the pre-icteric phase, early uterine evacuation and multidisciplinary management are the key factors that can significantly improve its prognosis.