

ACUTE FATTY LIVER IN PREGNANCY: A CASE PRESENTATION

AUTHORS

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INTRODUCTION

Acute fatty liver in pregnancy (AFLP) is one of the most common causes of liver failure in pregnancy and is associated with high maternal mortality and perinatal mortality.^[1]

OBJECTIVE

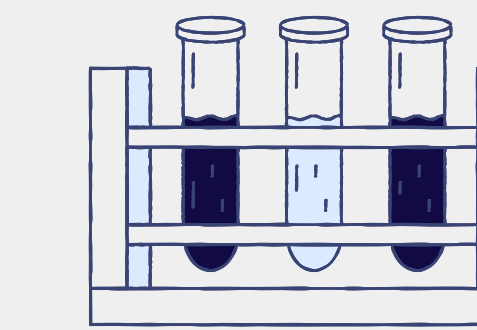
To increase awareness of potential diagnosis of AFLP when patients present with jaundice, especially in third trimester in the presence of hypoglycaemia



CASE REPORT

A 24-years old, primigravida was booked for immediate induction of labour after she presented with jaundice at 36+3 gestation. She was a non-English speaker, and consultations were carried out using language line. Her bloods on admission were summarised on the table. Consequently, she was diagnosed with possible intrahepatic cholestasis of pregnancy (ICP) and booked for immediate induction. During induction, cardiotocography showed reduced variability with late decelerations. She was 2cm dilated, and hence, she underwent category 1 caesarean section under general anaesthesia as attempts at spinal anaesthesia failed.

Uterus was noted to be yellow at caesarean section and a male baby was born with APGAR scores of 3 and 8 at 1 and 5 minutes respectively and required resuscitation. Mother was noted to be drowsy in the recovery area, and VBG showed blood glucose of 1.8mmol/L. Hence, potential diagnoses of AFLP and hepatic encephalopathy were considered. Due to worsening blood results, she was admitted to intensive care unit (ITU) post-operatively and was stepped down to the ward on day 3 postnatally. While in ITU, she received adequate resuscitation, glucose infusion and vitamin K infusion for correction of coagulopathy. Furthermore, the baby was admitted to the neonatal unit while the mother was in ITU for monitoring. They were both discharged on day 10 post-delivery.



BLOOD TEST RESULTS BY DAY

	Hb (g/L)	Plts (10*9/L)	WCC (10*9/L)	CRP (mg/L)	Bilirubin (μmol/L)	Albumin (g/L)	ALP (U/L)	ALT (U/L)	Bile acids (μmol/L)	INR	Crea (μmol/L)
Day of admission	138	138	12.3	9	108	24	554	505	117.8	Not recorded	138
Day of delivery	142	216	16.7	Not recorded	210	26	Haemolysed	Haemolysed	127.6	2.0	Haemolysed
Prior to ITU admission	112	146	23.7	15	167	17	561	175	107.0	2.2	192
Discharge from ITU	95	94	23.7	41	183	14	280	47	Not recorded	1.2	86
Prior to discharge home	102	147	9.8	22	110	19	464	61	Not recorded	0.9	71

DISCUSSION

Although AFLP is common, diagnosis is challenging as it has comparable appearances with other conditions, for instance, ICP which was the initial working diagnosis in this event. However, hypoglycaemia is the main differentiating biomarker from the other diagnoses. Consequently, the mainstay of treatment is delivery, usually by caesarean section as the baby might not tolerate labour. In this case, although the baby was delivered within 36 hours after initial presentation, delivery could have been planned sooner if the diagnosis of AFLP was considered initially which could have potentially reduced morbidity.

CONCLUSION

AFLP is a difficult condition to diagnose as it shares clinical manifestations with other more common problems in pregnancy including PET. However, hypoglycaemia can be a determinant factor, which is more specific for AFLP. Therefore, increased awareness and multidisciplinary approach can help reduce mortality and morbidity.

References

1. Sinha S, Yadav J, Pradhan T. A Case Report on Acute Fatty Liver of Pregnancy: A Difficult Differential Diagnosis of Liver Disorder. Cureus. 2023 Jul;15(7).

