Acute hepatic failure

Sir,

I enjoyed reading the article on acute hepatic failure. It was excellent and informative. However, may I be permitted to add the following with reference to the causes of acute hepatic failure, as the regional variations contribute to the same.

a. In areas where sickle cell anemia is prevalent, massive hepatic sickling leading to fulminant hepatic failure has to be kept in mind.

b. Though it is very rare, the possibility of tuberculosis as a cause of fulminant hepatic failure has to be considered in places where tuberculosis is endemic.

c. Leptospirosis infection has to be looked for as a cause of fulminant hepatic failure especially in areas where the socioeconomic factors continue to contribute to various zoonotic diseases.

d. It is worth remembering that aflatoxicosis contributes to acute hepatic encephalopathy especially when food hygiene is poor.

Identification of the underlying cause helps towards appropriate therapy.

Reply:

Thank you for allowing me the opportunity to reply to Dr. Thirumalaikolundusubramanian’s letter. I am grateful for his interest. His point is a valuable one: there are rare causes of acute hepatic injury which may be important in specific geographic regions and therefore local risk factors for acute hepatic injury should be considered when forming a differential diagnosis in a patient with fulminant hepatic failure.

Sincerely,

Michael R. Lucey, M.D., FRCPI
Associate Professor of Medicine
Associate Chief, Division of Gastroenterology
Director of Hepatology
Medical Director, Liver Transplant Program

References