

The Besroul Centre for Global Family Medicine

Dr. Patrick Chege Memorial Research Award Poster Presentation

CASE REPORT:

Acute fatty liver of pregnancy: The need for early detection and multidisciplinary care

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Background

Acute Fatty Liver of Pregnancy (AFLP) is a rare, (1/7000-1/20000) catastrophic disease affecting women in late third trimester of pregnancy or in the post-partum period, with high maternal and fetal mortality. Such patients need urgent stabilization and management by a multidisciplinary team to prevent fatal complications and death. In Ethiopia, there is a shortage of specialists requiring family physicians to fill the workforce gaps in secondary and tertiary health facilities. Family physicians will need to have a high index of suspicion to make prompt diagnosis and coordinated team effort aimed at preventing maternal and fetal mortality from AFLP.

Case presentation

A 30-year-old, Para IV (with a dead fetus expelled on the way to Addis Ababa) was referred with a diagnosis of HELLP Syndrome. Based on her clinical presentation (of nausea, vomiting, gum bleeding jaundice, and upper GI bleeding) and laboratory findings (including a WBC $20.4 \times 10^3/\text{ml}$, Bil T 26.1mg/dl, Bil D 8.7mg/dl, Platelet 52,000/L, ALT 478mg/dl, and AST 570mg/dl) she was diagnosed with acute fatty liver of pregnancy and admitted at ALEART, the referral hospital. The management plan included 40% dextrose 6hrly, ceftriaxone 1gm iv BID, and Metronidazole 500mg iv TID. She was also given lactulose enema 10gm/15ml in 700ml, dexamethasone 10mg iv stat, followed by 4mg Q 6 hourly. Due to the gum bleeding and bloody urine in the bag; the feared and expected complication (DIC) was suspected and she was transfused with 2 units of whole blood, 2 FFP, 8 units of platelets and transferred to medical ICU. Her condition worsened very fast; with a GCS that declined from 13/15 to 10/15 and creatinine levels that increased from 1.3mg/dl to 7.4mg/dl. She was eventually transferred to Saint Poulos Hospital for dialysis but died on the seventh day of hospitalization.

Conclusion

Delay in early detection and efficient management results in increasing fetal and maternal mortality. Good communication, improved referral system, multidisciplinary team approach and readiness in the general, referral and teaching hospitals can help in preventing such premature deaths.

Keywords: Acute fatty liver of pregnancy, ALERT: All African Leprosy & Tuberculosis Rehabilitation Training Center