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A 24-year old female with indeterminate hyperacute liver failure: a case report

Abstract: A 24-year-old female presented with acute liver failure. She had no history of alcohol consumption, drug use, or recent travel. Her laboratory findings showed elevated liver enzymes, hyperbilirubinemia, and coagulopathy. The diagnosis was indeterminate hyperacute liver failure. The patient was managed with supportive care and eventually recovered.

Introduction: Hyperacute liver failure (HALF) is a rare and severe condition characterized by rapid onset of liver dysfunction. The etiology is often indeterminate. This case report describes a 24-year-old female with indeterminate HALF. The patient presented with acute onset of jaundice, coagulopathy, and encephalopathy. Her laboratory findings showed elevated liver enzymes, hyperbilirubinemia, and prolonged prothrombin time. The diagnosis was indeterminate HALF. The patient was managed with supportive care and eventually recovered.

Case Report: A 24-year-old female presented to the emergency department with acute onset of jaundice, nausea, and vomiting. She had no history of alcohol consumption, drug use, or recent travel. Her laboratory findings showed elevated liver enzymes, hyperbilirubinemia, and coagulopathy. The diagnosis was indeterminate HALF. The patient was managed with supportive care and eventually recovered.

Conclusion: Indeterminate HALF is a rare and severe condition. The etiology is often unclear. Supportive care is the mainstay of treatment. Early recognition and management are crucial for a favorable outcome.