

Fulminant Jaundice at Term

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General Management

- Prevention/treatment of cerebral oedema / intra-cranial hypertension
- Surveillance for infections and prompt antimicrobial treatment
- Correction of coagulopathy
- Maintenance of optimum haemodynamics
- Volume replacement
- Vasopressor support
- Renal perfusion.

➤ Correction of metabolic parameters

- Hypoglycaemia
- Dyselectrolytaemia
- Nutrition supplementation

➤ Aetiology specific treatment

- N acetylcysteine for paracetamol poisoning
- Mushroom poisoning-penicillin G + silymarin
- Herpes virus/varicella zoster-acyclovir
- Autoimmune hepatitis-corticosteroids (prednisone, 40-60 mg/day).

Pregnancy associated liver disorders

Acute liver disease with hypertensive disorders in pregnancy : (HELLP)

- Hypertension and ascites were predictors of pregnancy associated acute liver disease
- Increased serum bilirubin and oliguria were the predictors of mortality
- Infant morbidity and mortality ranges between 10% to 60% depending on the severity of maternal disease.
- The affected infants are likely to have IUGR and respiratory distress syndrome

Pregnancy associated liver disorders

Acute liver disease with hypertensive disorders in pregnancy :

- Management of subcapsular haematoma, haemorrhage and rupture includes interventions such as exploratory laparotomy, packing, haematoma evacuation, hepatic artery embolization / ligation and laceration suturing.
- Main indications for the **liver transplant** were liver failure, liver necrosis after rupture, and uncontrollable bleeding.
- Early maternal survival rate after liver transplant was 88%, [10y survival 65%]

Pregnancy associated liver disorders

Viral Hepatitis E

- Hepatitis E is endemic in India and is an important indirect cause of maternal mortality (65.8%) (Death is due to infection, hemorrhage and encephalopathy)
- Spreads via feco-oral route - incubation period of 40 days. Incidence of fulminant hepatic failure due to hepatitis E in pregnancy is 22.2% (Range 15-66%)
- Bleeding after delivery often lead to hypoxia to liver and worsen hepatic encephalopathy.

Pregnancy associated liver disorders

Viral Hepatitis E

- Associated with high rates of abortions, foetal malformations, preterm labour & IUD
- Delivery does not have any effect on survival
- Those with coagulopathy and hepatic encephalopathy expired after delivery.
- The women with a deteriorating liver function should be delivered before the onset of hepatic encephalopathy and coagulopathy.

Desai A, Kansara V, Oza H, Ninama P, Paryani DJ. The Prognosis of Fulminant Hepatic Failure in Pregnant Women due to Hepatitis E. Euroasian J Hepato-Gastroenterol 2013;3(2):94-96.

Liver disorders unrelated to Pregnancy

Drug-induced fulminant hepatic failure

- Medications are often overlooked as a significant cause of liver disease.
- Drug-induced liver injury (DILI) is a broad term applied to any injury to the liver by a prescribed medication or supplements
- Risk of hepatotoxicity from **methyldopa** in pregnancy is approx 1%. Clinical spectrum ranges from minor elevation of liver enzymes to fulminant hepatitis. It is not dose related
- **Many labetalol-induced hepatotoxicity deaths reported in literature**