



ACUTE FATTY LIVER IN PREGNANCY

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SUMMARY

Acute fatty liver of pregnancy (AFLP) is an obstetric emergency and life threatening condition of the pregnancy. It affects during last trimester of pregnancy and occasionally occurs in postpartum period. It is presented with malaise, nausea, vomiting, and epigastric pain followed by jaundice. Laboratory tests usually derange liver and renal functions with coagulopathy. The incidence of AFLP is approximately 1 in 15,000 pregnancies. We reported the case of a 34-year-old patient, with multiple pregnancy at 35 weeks of gestation presented with dizziness, headache and dyspepsia aggravated by lying down and noted jaundice during operation. She had postpartum haemorrhage after the operation due to coagulopathy and her laboratory investigations findings favoured to diagnosis as AFLP and treated with supportive management at intensive care unit (ICU). Therefore obstetrician must be aware of one of this hepatic problem in pregnant women at late trimester.

KEYWORDS: Acute fatty liver of pregnancy; obstetric emergency; delivery.

INTRODUCTION

The management of pregnant women with liver disease is a common clinical problem and needs to consider not only the expectant mother but also the unborn fetus in treatment decisions. AFLP is a one of the liver diseases which is an uncommon but potentially life-threatening complication that occurs in the third trimester or early postpartum period. It was first described in 1934 by Sheehan as an "acute yellow atrophy of the liver". AFLP is characterized by microvesicular fatty infiltration of hepatocytes without any inflammation or necrosis.^[1]

It has an incidence of approximately 1 in 15,000 pregnancies.^[2] This condition occurs more commonly in primigravida, twin pregnancy and pregnancies carrying a male fetus. AFLP presented with nonspecific symptoms such as nausea, vomiting, fatigue, thirst, headache, jaundice, and altered mental status with signs of acute liver failure. If untreated, AFLP can lead to coagulopathy, fulminant hepatic failure, multiple organs dysfunction and death. AFLP is associated with raised bilirubin and transaminase levels. The other possible features include hyperuricemia and thrombocytopenia.^[3]

It increases a significant perinatal and maternal mortality and can lead to hepatic failure and encephalopathy. If diagnosis is delayed, it may cause death for the fetus and mother.^[4,5] Once diagnosed, prompt delivery is associated with significantly improvement of outcome

but postpartum management becomes difficult if the patient is complicated with coagulation failure and postpartum haemorrhage. So it is best treated in a center with expertise in high-risk obstetrics management, maternal-fetal medicine, neonatology and hepatology. Experts in liver transplantation may be needed in severe cases.^[6]

CASE REPORT

Our patient was a 35 year old lady, G3P2, 35 weeks period of gestation with twin pregnancy was admitted to the hospital for dizziness, headache and dyspepsia aggravated by lying down. She had no complaints of pain in abdomen, bleeding or leaking per vaginam or decreased fetal movement. She was referred from a maternal and child health clinic to antenatal specialist clinic in view of her chief complains.

The physical examination noted there was yellowish discoloration of the scleral on both eyes. Also noted she had discomfort by lying down during ultrasound examination and the cardiotocogram showed shallow decelerations with poor beat to beat variability in first twin for more than half an hour. The specialist decided to do emergency lower segment caesarean section and bilateral tubal ligation after taking blood for completed picture, grouping matching and liver function test. The admission liver function test revealed aspartate transaminase 365 U/L, alanine transaminase 176 U/L,