



## Pregnancy Outcomes in Patients with Acute Fatty Liver Disease

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### ABOUT THE STUDY

The incidence of Acute Fatty Liver of Pregnancy (AFLP), an uncommon condition, ranges from 1 per 7000 to 16,000 pregnancies. The early postpartum period or the third trimester of pregnancy is when it usually happens. To better the overall situation for mothers and children, early diagnosis of the condition and pregnancy termination are crucial. Women who are multiparous, primiparous, or have male foetuses are thought to be at risk for AFLP. Long-chain 3-hydroxyl coenzyme genetic mutation A dehydrogenase presumably causes improper-oxidation of fatty acids in foetal mitochondria and helps mothers' livers infiltrate with micro vesicular fatty acids. The pathophysiology of AFLP is still not well understood, though. The mortality of AFLP for both afflicted mothers and newborns has significantly decreased in recent years due to a better understanding of the condition, the use of Artificial Liver Support Therapy (ALST) in clinics, and the widespread use of intensive care units. The mortality rate for AFLP is still significant, ranging from 16.5% to 26.7% for severe sequelae as DIC, impaired renal function, hepatic encephalopathy, hypoglycemia, and MOF. More comparison studies about its clinical features, treatments, and results are required due to the rarity of AFLP.

The overall prognosis of both women and children can be improved by early detection and termination of pregnancy because to its characteristics of quick onset, rapid advancement, and foetal connection. Male foetuses, primiparous women, and multiparous women are deemed risk factors for AFLP. In addition to this, we discovered that PIH8 and FGR were AFLP risk factors in the Chinese population. Although there was no

statistically significant difference, AFLP patients appeared to have less GDM (5.5% vs. 13.2%). The symptoms and clinically prevalent features of AFLP are controversial in the published literature, and we discovered that jaundice, nausea or vomiting, anorexia, exhaustion, and a preference for cold beverages were the predominant prodromal symptoms. The signs of fatigue and liking cold beverages were simple to ignore. According to earlier research, only 25% of individuals who underwent abdominal ultrasonography had the characteristic signs of ascites or a bright liver. Ascites rates in our patients who underwent caesarean sections were 46.3%. With the exception of early diagnosis, prompt delivery and all-encompassing supportive care continue to be the cornerstones of AFLP management.

Similar to earlier studies, our patients experienced the following non-obstructive complications most frequently: Coagulation disorders (83.6%), acute hepatic failure (47.3%), renal insufficiency (85.5%), rising of total bile acids (98.2%), ascites (47.3%), encephalopathy (18.2%), and infections (12.7%) Including 2 fungi infections, 1 severe pneumonia, 1 acute pancreatitis, 1 bacterial peritonitis.

According to a prior study, acute liver failure and ARF are the most serious and lethal AFLP side effects. Acute kidney injury's continued deterioration could be stopped and reversed with renal replacement treatment. A wide range of etiologies can induce acute or chronic liver failure, which can be managed with ALST, which, to some extent, lessens liver damage and offers a homeostatic environment for hepatocyte regeneration. In our facility, no patients received ALST; nonetheless, 40% of patients who were admitted received plasma transfusions. Most patients' clinical results could be improved by timely abortion and plasma transfusion.

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