OTHER

#P17 - Management of patients admitted for Acute liver failure in a subsaharan country

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Background & Aims
Acute liver failure (ALF) remains a rare pathology, with management that remains codified and the prognosis sometimes at stake. Very few studies have been carried out in Africa, more particularly in sub-Saharan Africa. It seemed important to conduct a study to assess these aspects in our context. To evaluate the management of patients admitted for ALF in a ressource limited sub saharan country?

Methods
This was a descriptive and cross-sectional study, carried out at the General Hospital of Douala (HGD) over a period of 10 years from January 1, 2013 to December 31, 2022. The collection was made using of a questionnaire. Included were all patients admitted to the Resuscitation department and the Hepato-Enterology department of theHospital for acute liver failure (ALF) aged over 18 years, of both sexes, and whose files were usable.

Results
We collected 27 patients with ALF out of a total of 617 patients registered for hepatopatfie, giving an incidence of 4.37%. The average age of our patients was 39.4 ± 14 years with extremes ranging from 17 to 69 years. The most represented age group was those of 17-39 with a frequency of 63%. The male sex was the most represented with a sex ratio of 1.45. The toxic cause was found in almost all our patients, ie 74.12%, dominated by traditional pharmacopoeia products at 59.3%. The most common reason for consultation was jaundice. hepatomegaly and hepatic encephalopathy were the most found physical signs respectively at 77.8% and 66%. Nearly 18.5% of patients were admitted to intensive care and 81.5% to the medical department. Treatment was based on Lactulose 48.1% of cases, Rifaximin 7.4% of cases, antibiotic therapy 74.5% of cases, corticosteroid therapy 22.2% of cases, N-Acetyl-cysteine 7.4% of cases, and vitamin K 40.7% of cases. There was no liver transplantation. The most common complications were coagulopathy in 84% of cases, metabolic and hydro-electrolytic disorders in 85% of cases and hepatic encephalopathy in 66.7% of cases. The mortality rate was 40.7% of cases.

Conclusions
ALF is a rare but severe pathology. The treatment is symptomatic without access to liver transplantation. The mortality rate remains high at 40.7%.