

Liver II - Revisit the Outcomes

LT for acute liver failure

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Acute liver failure (ALF) is a medical emergency characterized by the rapid deterioration of liver function, often leading to life-threatening complications and liver transplantation may be considered as a potentially life-saving option. The most common causes of acute liver failure include viral hepatitis (e.g., hepatitis A, B, or E), drug-induced liver injury, acute alcoholic hepatitis, autoimmune hepatitis, and certain metabolic disorders. ALF can also be caused by other factors, such as acute fatty liver of pregnancy or toxic mushroom poisoning. Liver transplantation is considered in ALF when spontaneous recovery is unlikely. The decision to proceed with a liver transplant for acute liver failure is based on a thorough evaluation of the patient's overall health, the severity of liver dysfunction, and the likelihood of spontaneous recovery. The King's College Criteria remains the most often used measure in this decision-making algorithm. There however, remains a need for biomarker-based criteria. Special techniques like auxiliary orthotopic liver transplantation, act as a bridge to liver regeneration and potentially allow for immunosuppression-free survival. Close post-transplant follow-up and ongoing medical care are essential to ensure the long-term success of the transplant.