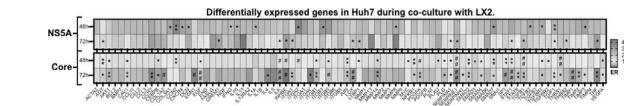


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Acute Liver Failure due to Hepatitis A Virus: A Report of Two Cases

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Introduction and Objectives: Acute liver failure is a high-mortality emergency, responsible for 8% of liver transplants worldwide. Acetaminophen is the most common cause in 65% of cases, with viral causes accounting for 19%, and less than 1% of patients with hepatitis A developing acute liver failure.

Materials and Patients: Two adult patients with clinical symptoms and serological confirmation for Hepatitis A were included. Initially, both were managed with supportive treatment on an outpatient basis. However, they were admitted to the hospital due to altered consciousness, jaundice, asthenia, and adynamia. Both presented the following risk factors: obesity BMI >30, alcohol consumption, with one patient having a greater exposure to alcohol at 450 grams/week for 26 years and one aged >40 years. Additionally, both patients required mechanical ventilation due to the progression

of encephalopathy, with no signs of hypertensive encephalopathy measured by the optic sheath nerve.

Results: Two cases of patients with Hepatitis A who developed acute liver failure are reported. Severity was assessed using the British King’s College and MELD scales. Both received medical treatment with consideration for liver transplantation. Patient A exhibited hyperlactatemia but did not meet the criteria for transplantation according to King’s College. His MELD score was 32, with an estimated mortality of 52.6% at three months. Patient B presented two additional criteria without indication for transplantation. His MELD score was 38, with a similar mortality risk. Despite similar scales, outcomes diverged due to advanced age, alcoholism, and the need for renal therapy, risk factors for mortality. Using the LIU system, a score above 240 predicted an unfavorable prognosis.

Conclusions: The evaluation of two cases of hepatitis A with acute liver failure highlights the importance of considering risk factors such as age and alcohol consumption. The MELD prognostic scale proved to be more accurate than LIU in predicting mortality in this specific context.

Ethical statement: The study was conducted in accordance with institutional ethical standards.

Declaration of interests: There is no conflict of interest.

Funding: No external funding was received for this study.

| Subjet | Scale | Result | Mortality |
|--------|---------------|--------|-----------|
| A | MELD | 32 | 52.6% |
| A | Kings College | 0 | N/A |
| A | ALFED | 5 | 88.5 |
| B | MELD | 38 | 52.6% |
| B | Kings College | 2 | N/A |
| B | ALFED | 3 | 33% |

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