

EP-06 - (8) - EXTRA-HEPATIC ORGAN FAILURES HAVE SIGNIFICANT IMPACT ON THE OUTCOMES OF PATIENTS WITH ACUTE LIVER FAILURE IN THE INTENSIVE CARE UNIT

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Objectives Acute liver failure (ALF) is rare syndrome that may evolve with several organ failures and portend high mortality. We aimed to study the clinical characteristics and outcomes of patients with ALF in Lisbon, one of the Portuguese regions for liver transplantation. **Materials & Methods** Retrospective cohort study including consecutive patients with acute liver injury or ALF admitted to the specialized intensive care unit (ICU) in Lisbon between October 2013 and September 2016. Logistic regression was used to study associations with overall mortality. **Results** A total of 44 patients were included, 29 (66%) with ALF. Median (IQR) age was 41 (28-58) years and 27 (62%) were females. Non-paracetamol etiology was present in 36 (72%) patients. Grade III-IV hepatic encephalopathy developed in 12 (27%) patients. Invasive mechanical ventilation (IMV), vasopressors, and renal replacement therapy (RRT) were required in 8 (18%), 9 (22%), and 5 (13%) patients, respectively. All-cause death occurred in 13 (30%) patients. Liver transplantation was performed in 17 (39%) patients. ALF (92% vs. 55%), IMV (39% vs. 10%), RRT (31% vs. 4%), arterial ammonia (173 vs. 88µmol/l), lactate (5.0 vs. 1.8mmol/l), creatinine (1.9 vs. 0.7mg/dl), and bicarbonate (16 vs. 22mmol/l) at ICU admission were all associated with overall mortality ($P<0.04$ for all comparisons). **Conclusions** In a cohort of patients with predominantly non-paracetamol ALF, not only liver failure but also extra-hepatic organ failures were significantly associated with overall mortality. Timely management of these organ failures seems to be of paramount importance to improve these patients's outcomes.