



**ACUTE FATTY LIVER IN PREGNANCY: UNEXPECTED CAUSE OF DEATH DURING PREGNANCY**

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**INTRODUCTION**

Acute fatty liver in pregnancy shows a spectrum of presentations ranging from sub clinical hepatic dysfunction evidenced by elevated liver enzymes to hepatic failure, coma and death. Affected women present in the latter half of the pregnancy. It is more common in patients with multiple gestations and possibly in women who are under weight. The clinical outlook is related to the incipient hepatic failure, such as nausea and vomiting, bleeding, jaundice and coma.

**CASE REPORT**

The deceased was a 20 year old primigravida with a POA of 33 weeks, developed loss of appetite, nausea and yellowish discolouration of eyes. Her first and second trimesters were uneventful and she was transferred from a peripheral hospital with features of liver failure. An emergency LSCS was done to deliver three live fetuses. As bleeding was not settled, abdominal hysterectomy had to be done at the same time. Managed at the intensive care unit where she was pronounced dead four days after hysterectomy.

During autopsy liver was normal in size, with focal areas of necrosis and fatty change and patent common bile duct. Lungs were heavy with features of adults respiratory distress syndrome. Brain is oedematous with congested vessels. Rest of the organs showed congestion. Histological examination confirmed massive liver cell necrosis with microvesicular steatosis in surviving hepatocytes and lymphocytic infiltration in portal tracts. The cause of death was concluded as multi organ failure in a patient with acute fatty liver in pregnancy.

**CONCLUSION**

The diagnosis of AFLP depends on a high index of suspicion and microvesicular steatosis. Most commonly this condition runs a mild course, but it can progress within days to hepatic failure and death as seen in this case.