

WASHINGTON **D.C.** 

## The Best of The Liver Meeting<sup>®</sup>

**Acute Liver Failure** 



#### About the program:

Best of The Liver Meeting 2022 was created by the Scientific Program Committee for the benefit of AASLD members, attendees of the annual conference, and other clinicians involved in the treatment of liver diseases. The program is intended to highlight some of the key oral and poster presentations from the meeting and to provide insights from the authors themselves regarding implications for patient care and ongoing research.

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# Indeterminate etiology of acute liver failure: Final report from the United States Acute Liver Failure Study Group Registry

#### **Objective**

Compare laboratory, prognostic and outcome data for patients with indeterminate ALF (IND-ALF).

#### Methods

- 3364 patients with ALF or acute liver injury (ALI) from 32 liver transplant centers enrolled in the ALFSG registry.
- Primary clinical outcome of interest was 21-day transplant free survival (TFS).

#### **Main Findings**

- 6.1% of patients presented with either true indeterminate or indeterminable ALF/ALI of which 3.4% were adjudicated as true indeterminate.
- Patients with true IND-ALF had an elevated MELD, which predicted a TFS at day 21 of 16% compared to TFS of 25% in those with indeterminable ALF (p=0.004).
- On multivariate analysis, patients with a lower bilirubin and INR, lack of use of mechanical ventilation and no clinical features of coma at baseline had a higher odds ratio of transplant-free survival.
- The number of deaths were similar between patients with true IND-ALF vs patients with indeterminable ALF (29.8% vs 27.2%), with almost half of the patients requiring liver transplant (42.1% vs 45.7%).

#### Conclusions

With these data, we illustrate the poor prognosis this etiology carries and the need for emergency liver transplantation in most cases.

Patel P, et al., Abstract 4001.

		21-day Transplant-free survival (TFS)				n voluo
Variable		No (n = 153)		Yes (n = 47)		
		n	n(%) or median(IQR)	n	n(%) or median(IQR)	p-value
Ag	e	153	43 (27-54)	47	40 (29-53)	0.809
Pre	esentation	153		47		< 0.0001
	ALI		8 (5.2)		14 (29.8)	
	ALF		135 (88.2)		33 (70.2)	
	ALI→ ALF		10 (6.5)		0 (0.0)	
La	ctate	70	4.6 (3.0-9.7)	16	4.0 (1.9-5.5)	0.100
ME	LD-Na score	119	33.9 (28.8- 39.9)	43	27.2 (23.8- 32.0)	<0.0001
	sopressor use admission	153		47		0.028
	No		127 (83.0)		45 (95.7)	
	Yes		26 (17.0)		2 (4.3)	
vei	chanical ntilation at mission	153		47		0.001
	No		87 (56.9)		39 (83.0)	
	Yes		66 (43.1)		8 (17.0)	



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