

Recommendations developed for management of acute liver failure

July 13 2023, by Elana Gotkine



In a clinical guideline issued by the American College of

Gastroenterology and published in the July issue of the *American Journal of Gastroenterology*, recommendations are presented for the identification, treatment, and management of acute liver failure (ALF).

Alexandra Shingina, M.D., from the Vanderbilt University Medical Center in Nashville, Tennessee, and colleagues reviewed the [scientific evidence](#) to develop recommendations for identification, treatment, and management of ALF.

The authors developed 10 recommendations (four strong; six conditional) and summarized expert opinions using key concepts when no robust evidence was available. The strong recommendations included use of norepinephrine as the first-line vasopressor for hypotension refractory to fluid resuscitation; early administration of N-acetylcysteine (NAC) in patients with suspected N-acetyl-p-aminophenol (APAP) toxicity; initiation of intravenous NAC in patients with non-APAP ALF; and starting antiviral therapy in patients with ALF due to reactivation of hepatitis B virus.

Conditional recommendations included not using routine correction of coagulopathy in the absence of active bleeding or an impending high-risk procedure and not using prophylactic antimicrobial agents routinely, given no improvement in either rate of blood stream infection or 21-day mortality. In terms of general management, comprehensive testing is essential to elucidate a diagnosis and exclude underlying [chronic liver disease](#).

"ALF is a [medical emergency](#) and is potentially reversible if recognized and treated early," the authors write. "ALF must be differentiated from acute-on-chronic liver failure and decompensated cirrhosis because management is vastly different."

More information: Alexandra Shingina et al, Acute Liver Failure

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