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Summary

Indications, contraindications and management of liver transplantation in acute liver failure

Annalisa Berzigotti

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Surgery | Hepatobiliary

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The speaker presented an approach to acute liver failure emphasizing early referral, systematic reassessment of transplant candidacy, and targeted management to prevent cerebral injury and multi-organ complications.

KEY POINTS

- The speaker stated that the central challenge in liver transplantation for acute liver failure is determining optimal timing, balancing potential spontaneous recovery against progressive deterioration and avoiding futile transplantation in multi-organ failure.
- King's College and Clichy criteria are used to assess risk but neither is perfectly sensitive; the speaker recommended using both as support rather than for automatic transplant decisions and reassessing prognosis and contraindications repeatedly.
- The speaker reported that patients should be referred early when criteria are met, particularly if arterial acidosis is present, and should not wait for severe encephalopathy to develop.
- Early continuous renal replacement therapy to lower ammonia and N-acetylcysteine in all aetiologies were stated to improve outcomes; the speaker emphasized prioritizing ammonia control and prevention of cerebral injury.
- The speaker noted that plasma exchange data are controversial, with a randomized trial showing efficacy but a large real-world cohort study showing no significant survival difference; the speaker's center considers it selectively as a bridge to transplant.
- The speaker stated that prophylactic antibiotics are not routinely recommended but a low threshold for empiric initiation is advised with hemodynamic deterioration, and non-invasive intracranial pressure monitoring has replaced invasive monitoring without worsening outcomes.

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