

THERAPEUTIC PLASMA EXCHANGE AS A BRIDGE TO RECOVERY FOR A PATIENT WITH ACUTE LIVER FAILURE DUE TO AMANITA PHALLOIDES POISONING

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A case report describes successful management of life-threatening *Amanita phalloides* mushroom poisoning in a 65-year-old patient using liver protective therapy and therapeutic plasma exchange, avoiding liver transplantation.

KEY POINTS

- The patient presented approximately 40 hours after mushroom consumption with coagulation failure, markedly elevated transaminases (GOT 2590 U/l, GPT 3119 U/l), and a MELD score of 33.
- Only when asked explicitly did the patient report eating wild mushrooms he had collected, and analysis by a fungal expert confirmed *Amanita phalloides*.
- Treatment included liver protective therapy with Silibinin and N-Acetylcysteine, and repeated therapeutic plasma exchange (1.3 times plasma volume) to control liver failure complications.
- Transaminases and coagulation parameters stabilized, liver transplantation was avoided, and the patient recovered to excellent general health.
- The authors conclude that early diagnosis is crucial, patients should be asked explicitly about mushroom consumption when symptomatic, and therapeutic plasma exchange is an excellent bridging therapy option for liver function stabilization.

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