

INTESTINAL FAILURE-ASSOCIATED LIVER DISEASE PRESENTING YEARS AFTER PARENTERAL NUTRITION WITHDRAWAL

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Poster

Hepatobiliary

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A 49-year-old woman with short bowel syndrome developed progressive intestinal failure-associated liver disease leading to cirrhosis three years after her last parenteral nutrition exposure, highlighting the potential role of other risk factors beyond parenteral nutrition.

KEY POINTS

- The patient underwent extensive intestinal resection for acute mesenteric ischemia, preserving only 130 cm of jejunum and the left colon, resulting in intestinal failure and 45 total days of parenteral nutrition.
- Progressive hepatic steatosis developed over four years, with initial imaging showing no liver abnormalities but later demonstrating worsening steatosis, elevated transaminases with AST/ALT ratio of 2:1, and transient elastography showing 12 kPa.
- Liver biopsy confirmed cirrhosis with macrovesicular steatosis and steatohepatitis; the patient developed clinically significant ascites and was referred for liver transplant evaluation.
- The case is notable for disease progression occurring three years after the last parenteral nutrition exposure, raising questions about additional risk factors in intestinal failure-associated liver disease.
- Prevention through personalized nutritional support and preserving intestinal length is emphasized, as the disease can progress despite cessation of parenteral feeding.

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