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Summary

ISCHEMIC HEPATITIS SECONDARY TO ACUTE ISCHEMIA OF THE LOWER LIMBS IN A PATIENT WITH UNRECOGNIZED CONGESTIVE HEART FAILURE: ABOUT A CASE

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Hepatobiliary

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A case report describes ischemic hepatitis triggered by acute lower limb ischemia in a patient with underlying congestive heart failure, with liver function normalizing after amputation and cardiac management.

KEY POINTS

- Ischemic hepatitis is defined by reversible aminotransferase elevation of at least 20 times the upper normal limit resulting from hepatic hypoperfusion, excluding other causes of acute hepatitis
- A 67-year-old man with acute lower limb ischemia developed aminotransferase levels rising at least 50 times the upper normal limit, along with jaundice, hepatomegaly, and prothrombin count of 35%
- Cardiac evaluation revealed congestive heart failure with left ventricular ejection fraction at 25% and left intra-auricular thrombus
- Liver function tests normalized within 10 days following limb amputation and adjustment of cardiac therapy
- The authors conclude that acute lower limb ischemia should be recognized as a potential trigger for ischemic hepatitis, particularly in patients with underlying heart failure

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