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Case Report

Case Report of Acute Fatty Liver of Pregnancy

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Abstract

Acute fatty liver in pregnancy (AFLP) is an obstetric emergency and carries high morbidity and mortality, for mother and fetus. It is a relatively rare complication of pregnancy, with an incidence of approximately 5 cases per 100000 pregnancies. A multidisciplinary team approach reduces maternal morbidity and mortality.

Case Details

A 32yrs, Primigravida, a low-risk woman with no previous medical or surgical history, presented in the maternity assessment unit

1st presentation : at 37+4 weeks of gestation , for her raised blood pressure of BP 144/73 mmof hg . She had proteinuria 1+ but no other signs and symptoms of preeclampsia. Her Pre-eclamptic Toxaemia (PET) blood was normal but her haemoglobin (Hb) was 98gm/dl. So she was discharged home,

2nd presentation : At 38/40 midnight, she presented with spontaneous rupture of membrane (SROM), with meconium-stained liquor. Her all observations and CTG were normal. Therefore, she was induced with vaginal Prostaglandin tablet 3mg. All basic blood investigations were normal. She progressed well in labour. However, after 8 hrs. of active labour she complained of feeling unwell and having shortness of breath (SOB).

Observations:

temp 37.7 degrees,

SpO2 82%,

HR 157,

BP 120/76mm of hg,

CTG showed fetal tachycardia. So she was delivered by Emergency LSCS with probable diagnosis of chorio-
amnionitis. Caesarean section was uneventful with measured blood loss of 800ml.

Immediate postoperative period : she started rapidly deteriorating with deranged liver functions and progressed to multiorgan failure, she was transferred to the intensive care unit.

CT abdomen concluded the clinical picture of acute fatty liver in pregnancy.

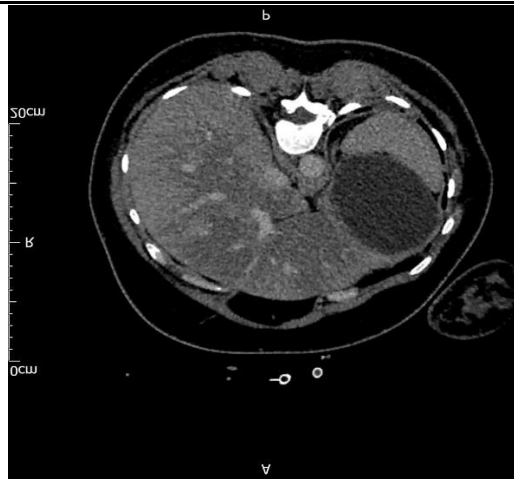


Fig 1

She was on supportive care under multidisciplinary team and recovered with supportive treatment.

Discussion and Conclusion

Acute Fatty Liver of Pregnancy (AFLP) is a rare but serious complication of pregnancy, typically occurring in the third trimester or early postpartum period. It is considered a medical emergency due to its potential to cause significant maternal and fetal morbidity and mortality if not recognized and treated promptly.

Its diagnosed with

Elevated liver enzymes (AST, ALT)

Hypoglycemia

Elevated bilirubin

Coagulopathy (prolonged PT/INR)

Elevated serum ammonia in severe cases

Thrombocytopenia

Elevated creatinine (acute kidney injury).

Imaging: Ultrasound or CT may show fatty infiltration of the liver but are not definitive.

Management: Immediate delivery: Definitive treatment to remove the source of the metabolic stress (the placenta).

Supportive care: Correct hypoglycemia with IV glucose, Address coagulopathy with plasma or platelets as needed, Treat acute kidney injury with fluids or dialysis if necessary, Manage hepatic encephalopathy with lactulose or other measures, and close Monitoring maternal and fetal monitoring in an ICU setting and plan delivery .

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Prognosis depends on early recognition and management, the maternal survival rate is high, though fetal outcomes depend on gestational age and the speed of intervention. Delayed treatment can lead to complications such as: Liver failure, Disseminated intravascular coagulation (DIC), Multi-organ failure, Maternal and fetal death.



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