

Acute Liver Failure: A Rare Complication of Hepatic Metastasis

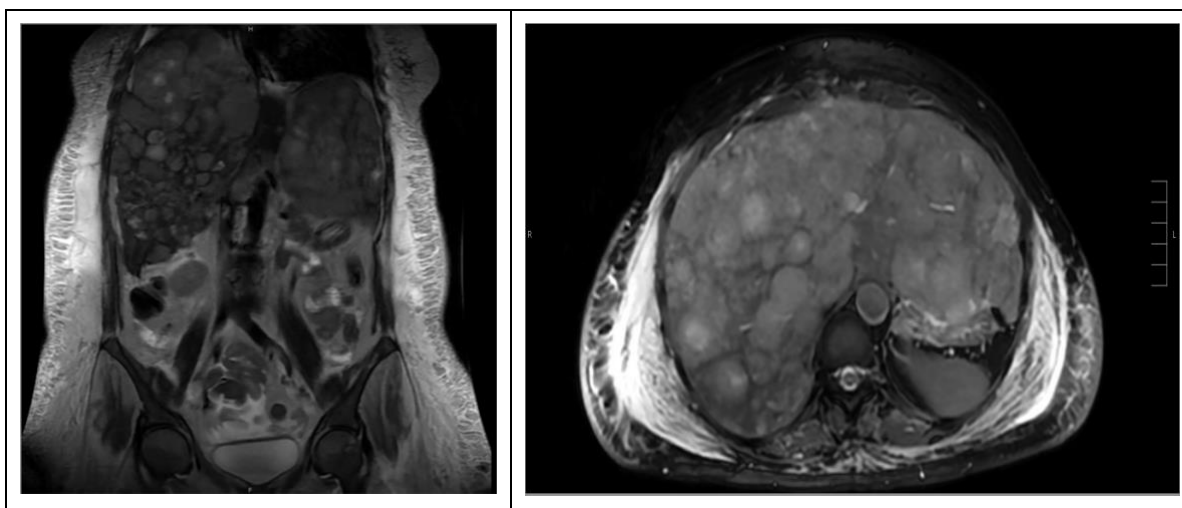
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Received: September 29, 2023; Accepted: October 08, 2023; Published: October 20, 2023



Clinical Image

A 50-year-old woman with triple negative breast cancer with biopsy-proven metastasis to the liver and bone presented to the emergency department with a one-day history of dyspnea on exertion and change in mental status. She appeared cachectic, tachycardic, lethargic, and jaundiced. Her laboratory data revealed remarkable elevations in lactic acid, aspartate aminotransferase, alanine aminotransferase, gamma-glutamyl transpeptidase, alkaline phosphatase, prothrombin time, and direct bilirubin, alongside reductions in hemoglobin, thrombocytes, and albumin. Magnetic resonance cholangiopancreatography demonstrated extensive replacement of the liver parenchyma with innumerable metastatic liver lesions, osseous metastatic lesions, and mild ascites (Panel A and B). The diagnosis of acute liver failure (ALF) resulting from aggressive metastatic infiltration was established following the exclusion of alternative etiologies, including but not limited to infectious, autoimmune, and thromboembolic events, among others. Malignancy is a rare cause of ALF and the prognosis is dismal. Following a multidisciplinary team discussion with the patient and their family, the treatment focus transitioned towards palliative care.