The majority of patients were symptomatic (92%): jaundice (68%), abdominal pain (35%), fever (17%) and rash (15%). Hepatic encephalopathy was present in 32%. Laboratory patterns of DILI were: hepatocellular (R value $>5$) 54%, cholestatic (R $<2$) 28% and mixed (R = 2–5) 19%. Hy’s law was met in 48% while 26% had ALF (encephalopathy + INR $>1.5$). The median admission MELD score was 21. 35% of patients received corticosteroids, and 15% received ursodeoxycholic acid. ICU admission and haemodialysis occurred in 35% and 11%, respectively. During the study period, there were 12 deaths and 12 LT. The 90-day LT-free survival was 71%. Univariate predictors for LT or mortality at 90 days were: jaundice (HR 9.77, $p=0.027$), encephalopathy (HR 2.70, $p=0.036$), hepatocellular pattern (HR 2.85, $p=0.047$), fulfilling Hy’s Law (HR 2.71, $p=0.046$) and MELD (HR 1.14, $p<0.001$). On multivariable analysis, only MELD remained predictive of worse 90-day LT-free survival (HR 1.14 per point increase, $p<0.001$).

Conclusions At this LT centre, 30% of patients hospitalised for non-paracetamol DILI experienced death or LT at 90 days. The proportion of cases due to non-prescription drugs increased over time. MELD score predicted for adverse outcomes.

IDDF2020-ABS-0171 ACUTE LIVER FAILURE: OUTCOME AND PROGNOSTIC PREDICTORS

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Background Acute liver failure (ALF) is defined as a rapid hepatic dysfunction and encephalopathy in the absence of pre-existing liver disease. Globally, viral hepatitis is responsible for the majority of cases of ALF. This study aimed to determine the etiology, outcome, and predictive factors for in-hospital mortality in ALF patients.

Methods A descriptive study was conducted at the Gastro-Hepatology Department of Asian Institute of Medical Sciences, Hyderabad from May 2018 to September 2019. A total of 31 patients were included in the study and evaluated for etiology, prognostic factors, and outcome during the hospital stay. International Normalized Ratio (INR), sepsis (2 SIRS + confirmed or suspected infection), prognostic scores (King College Criteria (KCC), and Model End-Stage Liver Disease (MELD)) and other prognostic factors were compared.

Results Thirty-one patients with a mean age of 22 years, 21 (67.7%) were males. Most common etiology was indeterminate 21 (67.7%) while 5 (16.15%) had Hepatitis B and 5 (16.15%) had Hepatitis E. The in-hospital mortality was 19 (61.3%), out of which 14 (73.3%) were males and 12 (38.7%) recovered spontaneously. INR $>5.00$ (Mean $=3.12$ and 4.02 in both groups respectively, $p=0.068$), and sepsis ($p=0.008$) were independently associated with in-hospital mortality.

Conclusions The in-hospital mortality of ALF was significantly high with raised INR, MELD ($>32$), KCC (2/5), and sepsis. Hence, they are poor prognostic factors.