Correspondence

Coagulation disturbances and fulminant liver failure

Sir,

In this study of one child with fulminant hepatic failure, the most striking feature of the patient’s clinical condition, or that it contributed much to the coma for two reasons: the boy became comatose while renal function was only moderately decreased, and good metabolic and fluid balance were achieved throughout the whole period when haemodialysis was necessary.

No set guidelines are presently available for the treatment of the coagulation disturbances that occur in fulminant hepatic failure, and no controlled trial based on our treatment approach has been performed so far. A prospective investigation is difficult in respect of the small number of cases seen at any centre, and the ethical problems are evident, especially in paediatric patients. The same is true for many other procedures used in the treatment of fulminant hepatic failure on a merely empirical basis. Our conclusions are based on the successful treatment of seven consecutive patients over a 10 year period, and have been published elsewhere. The mortality rate from fulminant hepatic failure with more conservative treatment before this time was 100%. Nevertheless, we would agree with Dr Mowat that more studies are required to determine the exact role of the proposed treatment.

The risk of serum hepatitis or even acquired immune deficiency syndrome is important when the large amounts of plasma derivatives—especially fresh frozen plasma—are considered. Similar to other aggressive treatment regimens, no conclusions are required to determine the increased risk of potential complications. Based on the experiences reported, however, it is our opinion that further use is justified.

References


Dr Burghard and co-workers comment:

Concerning the aetiology of fulminant hepatic failure in our patient, exhaustive bacteriological and virological studies were performed, and leptospirosis, among other infections, was excluded.

Improvement of renal function was related to hepatic function returning to normal and complete correction of coagulation disturbance. It is unlikely that renal failure was

Formula milks for the older infant

Sir,

I would like to comment on the recent appearance of a milk formula called Progress from Wyeth Laboratories which is being marketed as a follow on formula suitable for infants from 4 to 6 months onwards. The promotional literature quotes two references, a Department of Health and Social Security (DHSS) report¹ and a report from the