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Acute hepatitis after paracetamol poisoning: Analysis of potentially influencing factors

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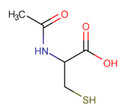
Background and Importance

Paracetamol poisoning (PP) can lead to acute hepatitis: acute inflammation and necrosis of the liver parenchyma.

Inflammatory parameters usually begin to rise within 48-72h. An unfavourable course of acute hepatitis predisposes to acute liver failure.

Aim and Objectives

- Analysis of the prevalence of acute hepatitis after PP
- To identify which epidemiological and intoxication-associated variables are related to the development of AH



Materials and Methods

Observational, descriptive and retrospective study

January 2019 – August 2024

Patients treated with N-acetylcysteine for PP in Emergency Department

Acute hepatitis was defined as

- Non-specific gastrointestinal symptoms / asthenia / abdominal pain
- Elevated aspartate-aminotransferase enzyme , bilirrubin >2.5mg/dL
- INR > 1.5

Analytical test conducted at the conclusion of the NAC perfusion and 48 hours post-poisoning was reviewed

Variables examinated

- ✓ Age, sex
- ✓ Potential risk factors for paracetamol hepatotoxicity
- ✓ Massive paracetamol intake, time between PP and starting of NAC treatment
- ✓ Variables related to a correct management of NAC (dosage, preparation, administration, and infusion duration)

SPSS v.27 for statistical analysis

Relationship investigated through Chi-square test (p<0,05)

Variables under examination ⟷ Onset of acute hepatitis

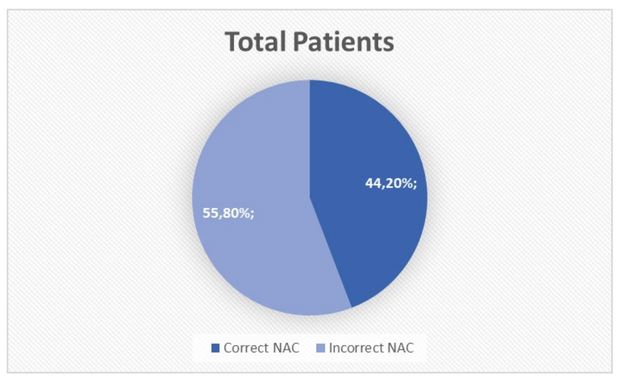
Results

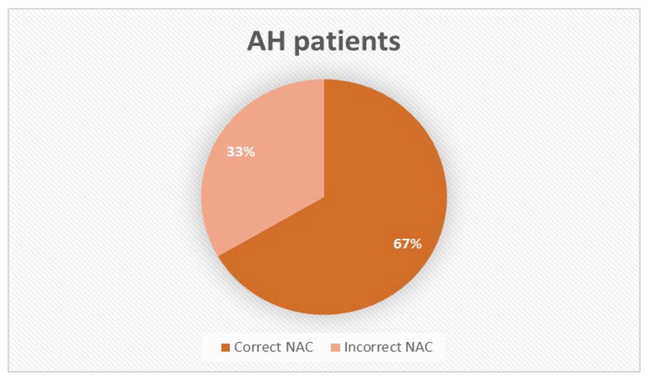
N=43
72.1% ♀
Median age = 19 [IQR=10]

The **prevalence** of patients with acute hepatitis was 6.9% (3/43)
A total of 20.9% patients presented with PRFPH, none of them developed acute hepatitis

Analysis of variables related to use of NAC

NAC was inappropriately used in 55.8% of total patients and in 66.6% of AH patients (p>0.05)





Two of three patients with AH: consumed **>30g of paracetamol and the start of NAC was 8 hours** after intoxication (p=0.003)

Conclusion and Relevance

- ➢Acute hepatitis was predominantly observed in young female patients.
- ➢The percentage of NAC errors was high, particularly among the acute hepatitis patients.
- ➢There was a statistically significant association between AH and both massive intakes and delayed initiations of NAC.
- ➢Further study of more patients may help to clarify this correlation.

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