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Fulminant liver failure secondary to submassive hepatic necrosis in a patient treated with Orlistat. A case report

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Orlistat is an intestinal lipase inhibitor drug that is recommended in obese patients along with a hypocaloric diet (1). Although the most frequent secondary effect is steatorrhea, fulminant liver failure has also been associated with this drug, which has required liver transplantation in 3 patients (2-4). We present the case of a 42-year-old obese male who was being treated for hypertension, of 183 cm in height and 131 kg in weight with a BMI of 39.12. He was diagnosed with liver steatosis after an initial ultrasound and underwent treatment with a hypocaloric diet and Orlistat at 240 mg/day. He suffered severe acute hepatitis three months after starting treatment and progressed to fulminant liver failure with coagulopathy, oliguria and grade II-III encephalopathy. Despite a conservative treatment, there was a clinical decline and the patient underwent an urgent liver transplant. He presented with severe hypovolemic shock that required an urgent reintervention during the immediate postoperative period. A significant hemoperitoneum was observed due to bleeding from an artery dependent on the donors´ hepatic artery. He was discharged on the 26th day post-transplant after a favorable postoperative evolution. One year later, after a failed attempt to resolve the condition endoscopically, he underwent a Roux-en-Y

hepaticojejunostomy due to severe cholestasis secondary to the bile duct anastomotic stricture. Currently the patient is well, 8 years after the transplant. In conclusion, although a direct causal link between this drug and the development of fulminant liver failure has not been demonstrated, it can be assumed that an idiosyncratic drug reaction is involved. Therefore, it is important to be aware of this possibility and closely monitor patients who have steatosis with signs of hepatic dysfunction.

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