

ACUTE HEPATIC RENAL FAILURE, OBSTRUCTIVE ORIGIN IN A PREGNANT MANAGEMENT CRITIC MEDICINE AND OBSTETRIC

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We present the clinical and biochemical presentation of a pregnant woman diagnosed with acute renal failure of obstructive origin in the biliary tract in the twenty-fifth week of gestation, which represents the first case with this association published in our environment. The cause of renal hepatic failure was due to an obstructive biliary process that could be diagnosed by imaging. The clinical and humoral picture was compatible with hepatic encephalopathy, acute renal failure (ARF) and severe malnutrition. Pancreate retrograde endoscopy (ERCP) was suggested because of the history of open cholecystectomy; colangian resonance (CABG) reported dilatation of the bile ducts without visualization of the lithic focus. Clinical management and appropriate obstetric behaviour allowed the remission of altered chemical values and the sustainability of pregnancy, reducing the risks of morbidity and mortality for both mother and fetus. It is emphasized that the association between hepatic encephalopathy and acute renal failure relates an uncommon isolated condition in pregnant women. The evidence details an incidence of 0.5 to 1.3% during the puerperium and/or associated with chronic liver failure. In addition, it is concluded that the treatment in these patients should be individualized and that, sometimes, the initial expectant behaviour offers favourable results.

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