To the Editor,

The study that was published in TJG (1) and entitled "Acute liver failure in Turkey: A systematic review" is an important study in terms of being a comprehensive national data. I would like to underline some remarkable points regarding this article.

In the article, etiologic classification of acute liver failure were as follows: 36% viral causes, 13% intoxication, 9% drugs, 14% metabolic disorders, 3% autoimmunity related, 18% cryptogenic, and 7% other causes. In this study, survival in the transplant group was significantly higher than in the conservative therapy group.

In USA and Britain, medications, mainly paracetamol, constitute the most important cause of acute liver failure (2). In contrast, viral hepatitis is the first cause of acute liver failure in Turkey. Hepatitis A in the pediatric group and hepatitis B in adults are noteworthy. It can be easily said that the achievement of hepatitis vaccination programme in Turkey will lead to a significant reduction in acute liver failure incidence.

When we consider intoxication and drug-induced acute liver failure, paracetamol in the Western countries and antituberculous drugs in Turkey are the main reasons. Unfortunately mushroom poisoning still continues to be a problem for our country.

In this study, four cases that were told to be postpartum acute liver failure were included, but I think real etiologies are unclear and whether they are cases of acute fatty liver of pregnancy is not understood. Again, statement of “postoperative acute liver failure” does not explain the etiology. Authors also should clarify the molecule named as pantanzaprole that is mentioned under the headline of “drug induced”. Is pantoprazole what is meant? If so, albeit very rare we should remember that pantoprazole can cause acute liver failure.

As understood from the study; a large portion of acute liver failure in Turkey is composed of preventable causes. The importance of national vaccination programmes and public education and awareness is evident.

Conflict of Interest: No conflict of interest was declared by the authors.

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Received: 15.6.2014  Accepted: 17.6.2014
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