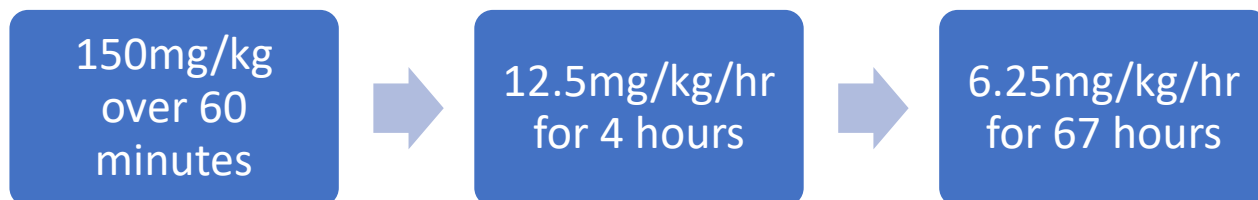


Acetylcysteine for Non-APAP Induced Acute Liver Failure (NAI-ALF)

The evidence most commonly cited for use of NAC in NAI-ALF comes from a randomized trial conducted by Lee et al¹ in which the investigators compared placebo to acetylcysteine for 72 hours in 173 patients.

- Patients were stratified according to their coma grade: I-II (n = 114) or III-IV (n = 59).
- **Results:** The study found a **significant increase in the rate of transplant-free survival for patients who were treated with acetylcysteine and who had grade I or II hepatic encephalopathy** (52% vs 30% p = 0.01) (OR 2.46 (1.14 – 5.30)).
- Patients with grade III or IV did not benefit from being treated with acetylcysteine.
- Lee et al also found that patients who had drug-induced liver injury (DILI) or hepatitis B had more improvement with acetylcysteine than those with other causes of NAI-ALF.

Dosing regimen for NAI-ALF:



*Please utilize the Acetylcysteine (non-acetaminophen induced acute liver injury) order panel

References:

1. Lee WM, Hynan LS, Rossaro L, et al. Intravenous N-acetylcysteine improves transplantfree survival in early stage non-acetaminophen acute liver failure [published correction appears in Gastroenterology. 2013 Sep;145(3):695. Dosage error in article text]. Gastroenterology. 2009;137(3):856–864.e1.