Plasma Exchange for Hemolytic Crisis and Acute Liver Failure in Wilson Disease: Correspondence

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To the Editor: In the case presented by Verma et al., the authors have suggested that use of plasmapheresis in a patient of Wilson's disease (WD) presenting with acute liver failure (ALF) could be useful in improving the clinical status until liver transplantation (LT) was possible [1].

Some indexes like Wilson's Disease Prognostic Index (WPI) and revised WPI (RWPI) have been used to predict the risk of a fatal outcome and the need for LT. However, with recent developments in medical treatment, such as hepatic assist system, copper chelating agents and zinc salt, the number of patients who can be maintained without LT has been expected to increase. There have been three case reports where plasmapheresis was successfully used in patients of Wilson's disease with acute liver failure [2]. All the three patients recovered without the need for liver transplantation. Similarly there have been five case reports in which the patients of fulminant WD were bridged to liver transplantation [2].

In a recently published study by Ohya Y et al., plasmapheresis was done in three of the four patients who had presented with WD and ALF [3]. All of these three patients recovered from hepatic encephalopathy and ALF although one later on required LT due to D-penicillamine induced neutropenia. These promising results do support the use of plasmapheresis in patients of WD with ALF.

Ohya Y et al. also suggested that the presence of liver atrophy in a patient of WD with ALF should be considered as

an indication for LT [3]. The same was also suggested by Yamagishi Y et al. [4].

So, the currently available data suggests a need for re-evaluation of indication for LT in WD as some of the patients who present with fulminant WD or cirrhotic WD without liver atrophy do have the potential of surviving without a LT. Further studies are warranted to test these assumptions but the use of modalities like plasmapheresis should be extensively promoted in these patients especially in situation where there is lack of LT facilities or a LT cannot be done due to unavailability of donor or lack of financial support.

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