

the most straightforward possible mechanism of action would be that

IMAGING IN INTENSIVE CARE MEDICINE

Weil's disease or acute liver failure? Look in the eyes!



Sonu Sama^{1*}, Ankit Agarwal¹, Nirupa Ramakumar² and P. Sachin Sogal¹

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A 30-year-old female presented with a 1-week history of headache, jaundice, and an acute-onset one-day history of encephalopathy. Laboratory investigations showed hyperbilirubinemia, transaminitis, and a prothrombin time of 67.4 s (control value: 13 s). The patient was intubated and managed in the intensive care unit. The acute onset of the symptoms, together with the laboratory

findings, pointed to a diagnosis of acute liver failure. However, careful examination of the patient revealed the presence of left conjunctival suffusion (Fig. 1). This, suggesting leptospirosis, raised a diagnostic dilemma. The diagnosis of leptospirosis was subsequently confirmed by ELISA IGM.

The main features differentiating Weil's disease from acute liver failure are: raised CPK levels, the presence of conjunctival suffusion, and less severe transaminitis.

Author details

¹ AIIMS Rishikesh, Rishikesh, India. ² MS Ramaiah, Bangalore, India.

Compliance with ethical standards

Conflicts of interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Received: 14 August 2019 Accepted: 20 August 2019

Published online: 03 September 2019

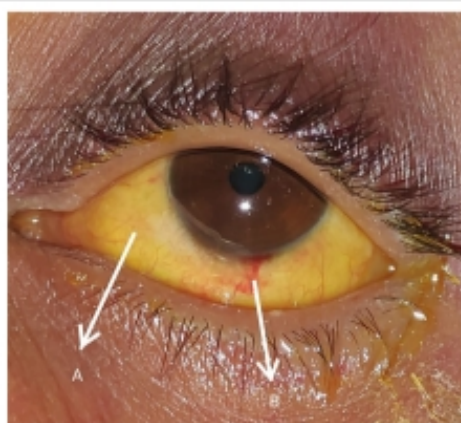


Fig. 1 A: icterus, B: conjunctival suffusion

*Correspondence: sonusama9287@gmail.com

¹ AIIMS Rishikesh, Rishikesh, India

Full author information is available at the end of the article









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