About the Editors

Roger Williams

Roger Williams is Director of the Institute of Hepatology, London, UK and of the Foundation for Liver Research. Before that, he had established, over a period of 30 years, the world-renowned Institute of Liver Studies at King's College Hospital (London, UK). He is a Fellow of the Academy of Medical Sciences and is the recipient of numerous honorary fellowships, medals and prizes, including the American Society of Transplantation Senior Achievement Award in 2004, the Hans Popper Lifetime Achievement Award in 2008 and in 2011 the Distinguished Service Award of the International Liver Transplant Society. His main clinical and research interests are in acute liver failure, liver transplantation, complications of cirrhosis and management of viral hepatitis.

Julia Wendon

Julia Wendon trained in internal medicine before specializing in liver intensive care and hepatology, and has been a consultant within the Institute of Liver Studies, King's College Hospital (London, UK) since 1992. Her focus is in liver intensive care incorporating encephalopathy, hepatorenal failure, haemodynamic failure, sepsis and immune function, liver support systems, liver function assessment and management of acute liver failure.

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Foreword

Critical care in acute liver failure

Roger Williams & Julia Wendon

When I received the invitation to edit a book on acute liver failure (ALF) in this new e-learning series, I accepted at once after the initial groan as to yet another addition to my workload. If ever there was a condition where speed of obtaining information is paramount, it is ALF. Almost always striking down people in previously good health and with a rapid disease progression, there is often little time to intervene, and the appropriate intervention can truly represent the difference between survival and mortality. Our hope as editors is that the availability on the internet of a clearly formatted account of the subject will help in obtaining the best possible care for these desperately ill patients, with the opportunity to access information regardless of time or place.

ALF is a subject too that has always been very close to my heart. I shall never forget those early days in the 1970s when we were flooded by an epidemic of fulminant hepatic failure due to hepatotoxicity after paracetamol/acetaminophen taken in suicidal overdose. Cases of fulminant hepatitis B in renal dialysis units were also causing great concern at that time and led to the opening of the first wholly dedicated intensive care facility for the treatment of ALF at King's College Hospital (London, UK) in 1973. Hepatitis B remains the commonest cause of ALF in the Far East, and it is interesting to recollect that the first description in 1946 of fulminant fatal hepatitis by Lucké and Mallory in soldiers at the end of World War II was attributed to a presumed serum hepatitis virus.

Not surprisingly, I turned to Julia Wendon to join me as co-editor of this book with her unrivalled knowledge of managing liver failure in all its different guises. The knowledge base encompassing 35 years of experience in over 3000 cases of ALF admitted to the Liver Intensive Treatment Unit at King's has just been submitted for publication and some of the important findings are covered in the first chapter of this book.

The observation that full restitution of liver structure is possible despite the severity of liver injury in ALF has for over 40 years spurred many, many attempts to develop a means of temporary liver support to provide extra time for the patient to recover from the liver injury. Exchange transfusion was followed by extracorporeal (animal) and human liver perfusion. Cross-circulation was tried and there is no better example of the harmful toxemia of liver failure – the healthy volunteer becoming ill as the ALF patient appeared to stabilize. The first efforts with adsorbent hemoperfusion were tantalizingly close to a successful device. Today we have more sophisticated adsorption/dialysis machines, although the holy grail of a fully functioning bioartificial device providing a clear survival benefit continues to elude us.

The contributors of this volume were asked on the basis of their important contributions and expertise in ALF. We are indebted to them all and to the Future Science Group for making this book possible.

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