An unusual case of melanoma with diffuse intrasinusoidal metastasis to the liver presenting as fulminant hepatic failure is reported. The clinical suspicion of the syndrome is essential for preventing inappropriate referral of the patient to transplantation center. Neoplasms frequently present with hepatic involvement, without significantly influencing hepatocellular function, at least not at the initial stages of the disease. Very rarely, fulminant hepatitis may appear as the first clinical manifestation of neoplasms (small cell lung cancer, breast cancer, melanoma, lymphomas or leukaemia). The diagnosis of Acute Liver Failure due to malignancy may be overlooked during life because of the frequent absence of the classic imaging findings consistent with hepatic metastases, the non-specific presentation and the narrow window-time available for investigations since most of the patients die shortly after admission.

There was no tumor lysis syndrome at the reported case. Oliguria, azotemia, hyperkalemia, hyperphosphatemia, hypocalcemia and lactic acidosis are attributed to Acute Liver Failure with functional acute liver failure due to widespread vasodilatation. Distributive shock and multi-system organ failure is the last phase of Acute Liver Failure with or without an infection. A disproportionately raised LDH and a high uric acid irrespective of the level of acute renal impairment have been reported previously as common findings in hematological and non-hematological malignant infiltration.

The underlying pathogenetic mechanism of ALF due to malignancy is the widespread hypoxic hepatocellular necrosis as the result of massive sinusoidal infiltration and obliterative invasion of the hepatic vessels by the tumor cells. Hepatic hypoxia may also be attributed to cytokine release by the tumor cells (particularly in hematological malignancies). The latter is inducing damage to the bile ducts and activation of leucocytes and sinusoidal cells impeding sinusoidal microcirculation. In favor to hepatic hypoxia is the observed predominance of AST elevation and the high LDH values.

There was no tumor lysis syndrome and the title as well as the discussion of the paper should be corrected accordingly. It's an interesting case but cannot be accepted at its present form. The paper should be rewritten and re-submitted.

SUGGESTED READING
74:581-583.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests