Treatments of Liver Failure in Japan

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Liver failure is a fatal disease. Common causative disease of liver failure in Japan are end-stage liver disease due to cirrhosis and/or hepatocellular carcinoma (HCC), fulminant hepatitis and postoperative liver failure. As for postoperative liver failure, operative mortality after hepatic resection for HCC decreased from 2.3% in 1990-1991 to 0.6% in 1998-1999 in Japan. According to a nationwide survey of patients with potentially fatal fulminate hepatitis in 1998, the etiology was hepatitis A viral (HAV) infection in 4%, hepatitis B viral (HBV) infection in 44%, and nonA-nonB in 41% in Japan. Most of the Japanese doctors believe that plasma exchange (PE) and continuous hemodiafiltration (CHDF) are the most effective therapies for the treatment of acute liver failure, but randomized controlled studies are needed to determine their effects. Liver transplantation is the only established treatment for liver failure, however, donor shortage remain problematic. Furthermore, cadaveric liver transplantsations are unsuited to the social mores of Japanese culture. In 1988 living donor liver transplantation was performed for the first time in Japan. Many Japanese patients with fulminant hepatic failure or end-stage cirrhosis were treated by living donor liver transplantation nowadays. Bioartificial liver supports are being considered as the second line of treatment for liver failure.