CLINICAL CASE

A fifteen months old boy, whose parents habitually consumed salicylates, came to our hospital with a history of vomiting, diarrhea and stupor. After a torpid evolution with multisystemic failure and coma the patient died 48 hours after his hospital admission.

The laboratory shows an intense elevation of transaminases. The autopsy found hepatomegaly and a macroscopically fatty liver (Fig. 1).

The histology confirms the presence of a microvesicular fatty liver with no sign of inflammatory infiltration (Fig. 2).

COMENTS

The hepatic esteatosis can show two morphologic appearances. One with a macro-vesicular pattern where the fat form vacuoles that fill most of the hepatocyte cytoplasm like in the alcoholic liver disease. The other pattern is the micro-vesicular were multiple small sized vacuoles fill the cytoplasm.

This later pattern is seen in the pregnancy fatty liver, Reye’s syndrome and as consequence of drug toxicity, including tetracycline, sodium valproate and anti-retroviral AIDS drugs (1-4).

Clinical presentation of our patient was in form of a fulminant liver failure with histology of micro-vesicular fatty liver compatible with Reye’s syndrome. This syndrome has its base on a mitochondrial dysfunction and affect mostly to children and also has been associated with salicylates consumption especially during varicella or others viral process (5).
REFERENCES