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Discussion

Dr. Okuda: Thank you very much. Is there any specific question to French experience or French philosophy? Yes please.

Dr. Takahashi (Gifu Prefectural Hospital, Gifu): I was greatly surprised at fulminant hepatitis being given priority, because in Japan the mortality for fulminant hepatitis is 75%. In the case of viral hepatitis, the survival rate is 67% for hepatitis A, 38% for hepatitis B, and 20% for non-A non-B hepatitis. Patients with other hepatic diseases die without exception sooner or later, whereas about 25% of those with fulminant hepatitis survive. Accordingly, I cannot understand why this is given priority. I would like to know the basis of giving priority to the disease.

Dr. Mignon: Yes, I understand your question. First of all, when I said acute liver failure, of course that may come from drug-induced liver failure, not only from viral hepatitis, and I agree with you that this is a problem, because B-viral hepatitis is a disease with real cure in a large proportion of patients. So I agree with you that this may be a matter of debate for this superpriority, but this is the way it is in France at the present time.

Dr. Takahashi: In Japan also, I understand that the survival rate is very low for drug-induced hepatic failure. Thank you.

Dr. Okuda: Dr. Mignon, you mentioned about superpriority. I don't know how many countries have the same philosophy, emphasis on superpriority, but is this French superpriority due to the strong surgeon and the strong liver center where they want to do transplantation for fulminant hepatitis? Is that one of the reasons for your emphasis on superpriority?

Dr. Mignon: I'm not sure I got your point.

Dr. Okuda: Do any more people advocate transplantation for fulminant hepatic failure?

Dr. Mignon: Yes, this notion of superpriority as I defined it, of course, is advocated by the teams of hepatologists in France.

Dr. Okuda: Thank you very much. We have to move on to the next speaker, Dr. Martin. You tell us about Italian experience.