

In patients who undergo gastric bypass surgery, a complication of the procedure can be nutritional deficiencies which may lead to severe, but rare consequences like acute liver failure. Tracking signs and symptoms of liver disease and malnutrition in these patients, as well as maintaining a high index of suspicion for possible progression to liver failure can be key to preventing adverse outcomes. In this case, we present a 33 yo woman s/p biliopancreatic diversion with duodenal switch who previously presented several times to the ED w/ nonspecific symptoms and mild transaminitis. She eventually was admitted for encephalopathy that was determined to be of hepatic etiology. During the course of her admission, she progressed rapidly to fulminant liver failure and expired.