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**Title:** A case of fatal acute liver failure in a 68 year old female treated with erlotinib for lung adenocarcinoma

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**Body:** A 68 year old female with a history of levothyroxine-substituted hypothyroidism was diagnosed with metastatic lung adenocarcinoma. She was treated with 3 courses of a platinum-based chemotherapy as first-line treatment and docetaxel as second-line treatment. She received daily injections of fondaparinux because of a recent pulmonary embolism. Despite these treatments, the patient developed lymphangitic carcinomatosis and brain metastasis, and erlotinib was initiated. 18 days later, she was admitted at the emergency room for vomiting and dehydration. Clinical findings included mild abdominal pain in the upper right quadrant. Blood tests showed elevated liver enzymes (AST 7900 IU/L (N<40), ALT 9200 IU/L (N<40) and acute liver failure (32% PT, 13% factor V). Paracetamol blood level was negative, as well as HIV, EBV, VZV, CMV and hepatitis A, B and C tests. Abdominal ultrasound showed no obstruction on the biliary tract, no portal thrombosis. The patient rapidly developed metabolic encephalopathy, leading to her death within 18 hours after admission. Careful interrogation of her relatives and general practitioner did not reveal medications other than erlotinib, levothyroxine and fondaparinux. Previous liver blood tests during chemotherapy were normal. Acute liver failure due to erlotinib was then considered as the probable cause of death.