

FP11. — LIÈGE EXPERIENCE IN DONATION AFTER CARDIAC DEATH LIVER TRANSPLANTATION : 2003-2011.

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Results of DCD-LT at the University Hospital of Liège were evaluated from 2003 to 2011.

Medical records of 56 DCD liver recipients were retrospectively reviewed with regard to patient and graft survivals and biliary complications. Mean follow-up was 26.4 months. Mean donor age was 56.3 ± 14.5 years (25-83). Donor causes of death were due to anoxia (51.8%), stroke (32.1%) and head trauma (14.3%). Mean WIT, CIT and suture time were 20.5 ± 7.1 min (10 – 39), 265.6 ± 85.1 min (105-576), and 40.8 ± 7.8 min (25-61), respectively. 95% of liver grafts were locally shared. HTK was the most commonly used perfusion solution (86%). Mean recipient age was 56.6 ± 10.5 years (29-73). Indications for LT included ESLD (53.6%) and HCC (46.6%). Mean MELD score at transplant was 15.6 ± 6.1 points (6-40).

No primary non-function grafts. Mean peak serum AST and bilirubin levels were 2520 ± 3621 UI/L and 50.2 ± 49.2 mg/L, respectively. Eight patients (14.3%) developed biliary complications. No intra-hepatic bile duct strictures or re-transplantation. Global patient and graft survival was 92.6% at 3 months, 92.6% at 1 year, 73.8% at 3 years and 60% at 5 years. Death-censored patient and graft survival at the corresponding time points was 92.6%, 92.6%, 87.7% and 87.7%. Thirteen liver grafts were lost during follow-up exclusively due to recipient deaths. The rate of HCC recurrence was 33.3%.

Controlled DCD donors are a valuable source of transplantable liver grafts. Primary results are encouraging and apparently as good as those from brain-dead donation LT essentially due to short WIT and CIT.