

11 CONGRESO Societat Catalana de Trasplantament
Barcelona
16-18 marzo 2011



The logo consists of a grid of 11 octagonal icons, each containing a number from 1 to 11. The icons are arranged in two rows: the top row contains icons 10, 9, 8, and 7; the bottom row contains icons 6, 5, 4, 3, 2, and 1. Each icon depicts a different organ, such as a kidney, liver, heart, lung, and stomach.

CURSO PRECONGRESO

Curso práctico de trasplante de órganos sólidos

Trasplante hepático

Laura Lladó y Lluís Castells

Case Report

- Nov-2008: LTx
 - a 54 y-old man with Cirrhosis due to OH+VHB (DNA-HBV neg)
 - Coinfection with HIV (No OI, CD4 536, viral load neg)
 - Truvada+RTG
- Follow-up:
 - good evolution under Fk + steroids, Truvada + HBIG
 - 2 months after LTx was admitted due to ascites (Δ 6 Kgs)
 - Hepatomegaly, no jaundice, no flapping, no fever

Causes of ascites after LTx

- Mechanical problems
 - Failure of vascular anastomosis
 - Lymphatic leakage due to surgical dissection
 - Small for size (living donor)
- Hepatic vein outflow difficulty (IVC)
- Recurrence of disease
 - HCV recurrence
- Severe acute rejection

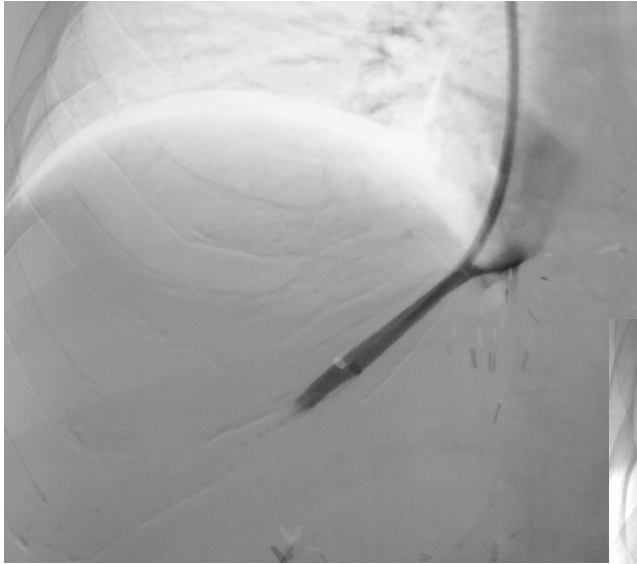
Cirera I, et al. Liver Transpl 2000:

25 / 378 (7%), frequent renal impairment, high morbi/mortality predominantly related to difficulties of hepatic venous drainage.

Case Report II

- Laboratory:
 - TB 0.9 mg/dl, AST 62 IU/mL, ALT 70 UI/mL, alb 2.8 g/dL, INR 1.9,
 - Creat 2.7 mg/dL, No proteinuria, urinary sediment normal
 - HBsAg (-), DNA-HBV (-), HCV (-), HIV: VL neg
 - Ascitic fluid: 2 g/dL, normal cell count, culture negative
- Several large-volume paracenteses with albumin infussion
- Abdominal ultrasound: showed massive ascites and permeability of portal and suprahepatic veins
- Echocardiography findings were normal.

Suprahepatic vein catheterism



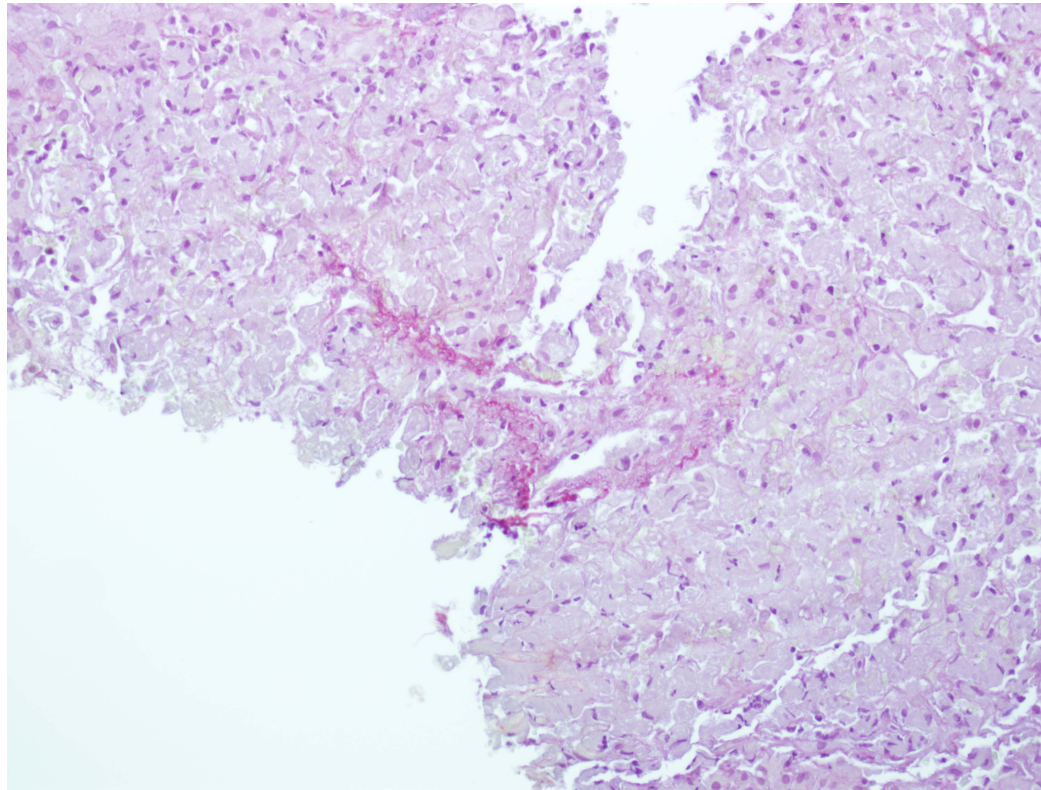
Ant-post projection



Oblique projection

**occluded balloon demonstrated good suprahepatic
vein permeability, without venous stenosis**

Transjugular liver biopsy



- no signs of rejection or hepatitis
- congestion and perivenular hepatocyte necrosis with fibrous material occluding some of the central veins and interfering with venous drainage

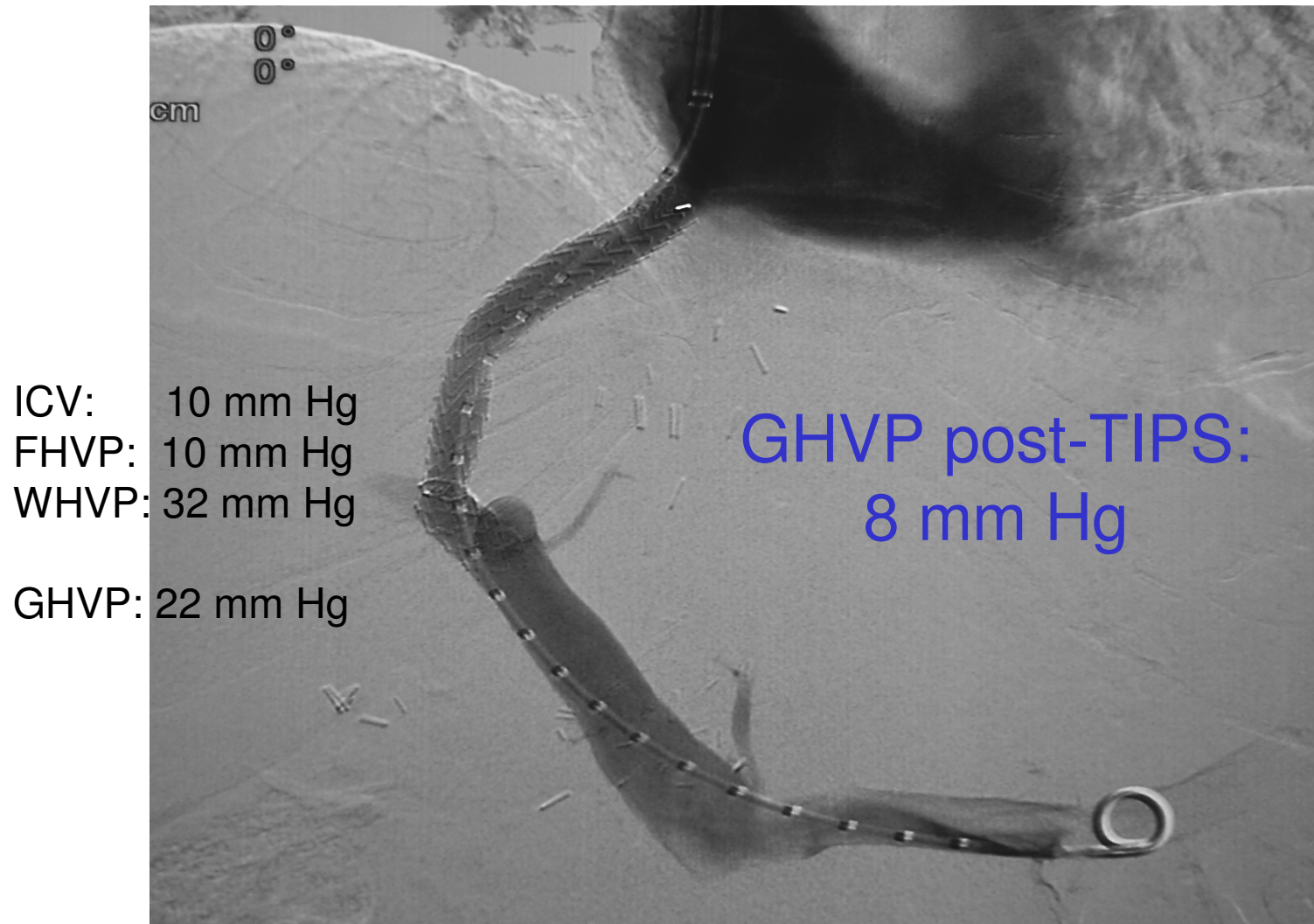
Stenotic hepatic venule with perivenular hepatocyte necrosis. (*Picrosirius Redx250 A*)

Sinusoidal obstruction syndrome (SOS)

Sinusoidal obstruction syndrome (SOS)

- hepatomegaly, ascites, weight gain, and jaundice
- caused by sinusoidal congestion:
 - radiation injury, ingestion of alkaloids
 - other toxins: alcohol, oral contraceptives, toxic oil, and terbinafine.
 - hematopoietic stem cell transplantation
 - In SOT associated to AZA
 - In renal Tx: SOS 2-5%
 - In liver Tx: SOS 1.9%

Transjugular intrahepatic portosystemic shunt (TIPS)



Patient underwent TIPS creation with 10-mm x 10-cm x 8-cm Viatorr stent graft;

Summary of SOS Cases treated with TIPS Reported in Liver Transplant Recipients

Author	Patients	Age (y)	Sex	IS	Time to diagnosis after LT (weeks)	Severity	Follow up (m)
Lerut (1999)	1	31	-	Cs	8	Severe	Died
Sebagh (1999)	1	25	M	Cs/AZA/Ster	567	Severe	Re-LT
Senzolo (2006)	2	55 57	M F	Fk Sir/MMF	11 3	Severe Severe	Alive 10 Alive 13
Kitajima (2010)	2	67 58	M F	Fk/MMF/Ster Fk/MMF/Ster	26 9	Severe Severe	Alive 21 Re-LT
Present Case	1	54	M	Fk/Ster	8	Severe	Alive 20

Abbreviations: AZA, azathioprine; Cs, cyclosporine; F, female; Fk, tacrolimus; IS, immunosuppression; LT, liver transplantation; M, male; MMF, mycophenolate mofetil; Re-LT, liver retransplantation; SOS, sinusoidal obstruction syndrome; Sir, sirolimus; Ster, steroids; TIPS, transjugular intrahepatic portosystemic shunt

Case Report III

- Following TIPS insertion:
 - renal function recovered to normal values (Cr 1.1 mg/dL)
 - diuretic requirement progressively decreased
 - ascites resolved completely with no changes in the immunosuppressive treatment.
- At 20 m of follow-up:
 - the patient was asymptomatic
 - laboratory values: bilirubin 0.9, AST 29, ALT 33, Cr 1.2, and an undetectable HIV viral load.
 - TIPS remained patent and there were no signs of ascites on ultrasound study.