18º CONGRESO
SCT SOCIETAT CATALANA DE TRASPLANTAMENT
BARCELONA
UNIVERSITAT POMPEU FABRA
26-28 MARZO 2025

Trasplante Hepático Pediátrico Split Hiperreducido y Monosegmentario para evitar las discrepancias de tamaño y flujo en pacientes de bajo peso

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Servicio de Cirugía Pediátrica.
Hospital Universitario Vall d´Hebron. Barcelona

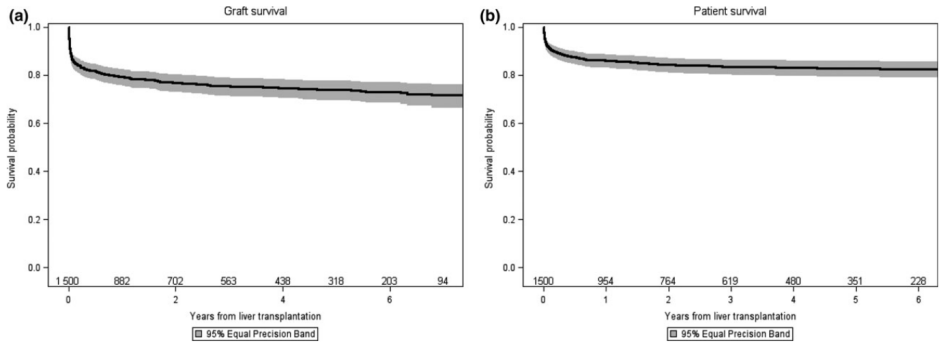
SOCIETAT CATALANA DE TRASPLANTAMENT
FUNDACIÓ CATALANA DE TRASPLANTAMENT

INTRODUCCIÓN

ORIGINAL ARTICLE

Outcomes of left split graft transplantation in Europe: report from the European Liver Transplant Registry

Roberta Angelico[1,2,*], Alessandra Nardi[3,*], René Adam[4], Silvio Nadalin[5], Wojciech G. Polak[6], Vincent Karam[4], Roberto I. Troisi[7], Paolo Muiesan[1] & for the European Liver and Intestine Transplant Association (ELITA)[†]



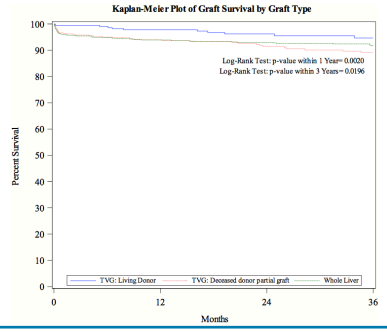
Received: 19 January 2022 | Revised: 8 August 2022 | Accepted: 10 August 2022
DOI: 10.1111/petr.14415

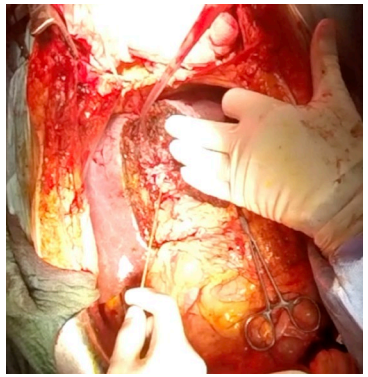
ORIGINAL ARTICLE

WILEY

An appraisal of technical variant grafts compared to whole liver grafts in pediatric liver transplant recipients: Multicenter analysis from the SPLIT registry

Lisa M. McElroy[1] | Abigail E. Martin[2] | Amy G. Feldman[3] | Vicky L. Ng[4] | Tomoaki Kato[5] | Trevor Reichman[6] | Pamela L. Valentino[7] | Ravinder Anand[8] | Sarah G. Anderson[8] | Debra L. Sudan[1] | on behalf of the Society of Pediatric Liver Transplantation (SPLIT) Research Committee

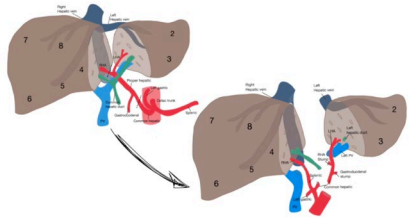


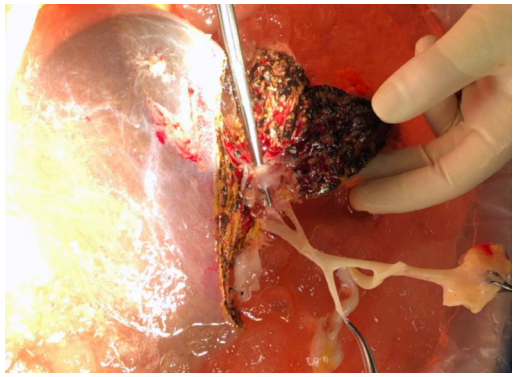


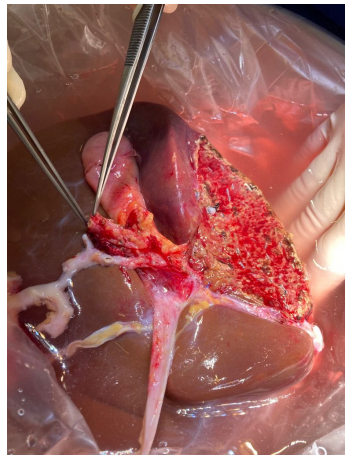
Left Lateral Sector In Situ Split Liver Transplantation Technique: Step-by-Step Video Demonstration

Mar Dalmau[a], Concepción Gómez-Gavara[a*], Cristina Dopazo[a], José Andrés Molino[b], Mireia Caralt[a], Itxarone Bilbao[a,c], Ramón Charco[a], and Ernest Hidalgo[a]

[a]HBP Surgery and Transplantation Department, Hospital Universitario Vall d'Hebron, Universidad Autónoma de Barcelona, Barcelona, Spain; [b]Department of Pediatric Surgery, Hospital Universitario Vall d'Hebron, Universidad Autónoma de Barcelona, Barcelona, Spain; and [c]Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas (CIBEREHD), Madrid, Spain







INTRODUCCIÓN

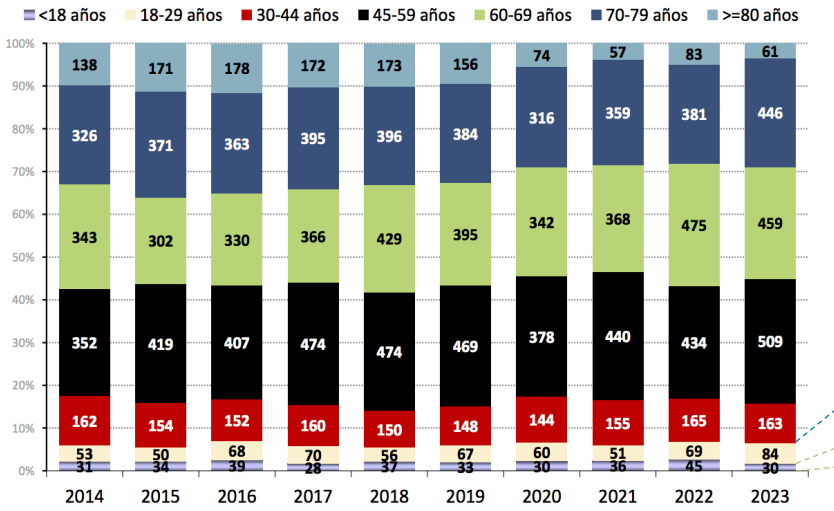


Figura 21. Evolución de la distribución de los grupos de EDAD de los donantes hepáticos. España 2014-2023.

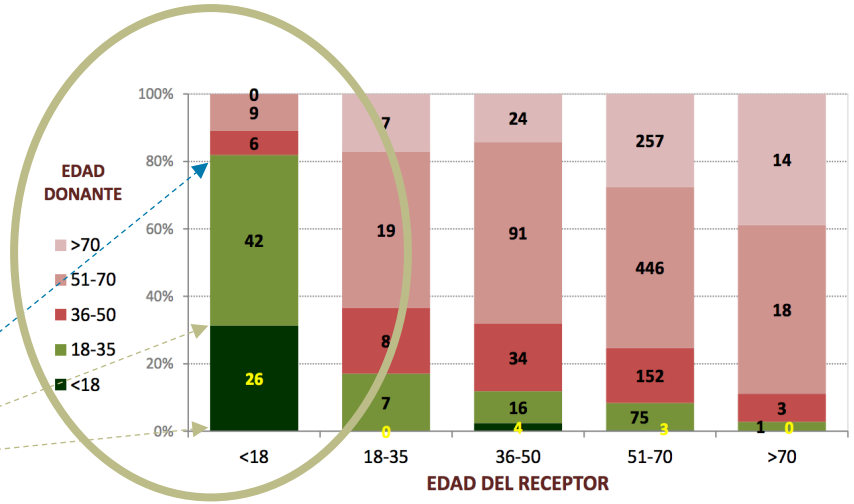
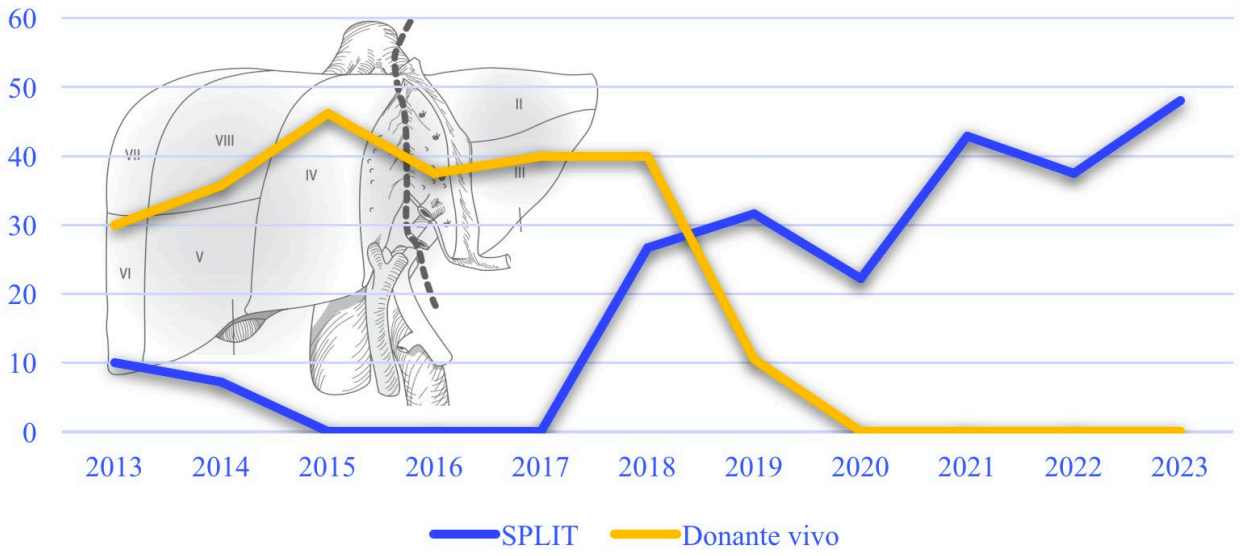


Figura 29. Correspondencia entre edad donante-edad receptor en los pacientes trasplantados de hígado (N y %). España 2023.

Memoria donación y trasplante hepático. España 2023

GOBIERNO DE ESPAÑA
MINISTERIO DE SANIDAD
ONT
ORGANIZACIÓN NACIONAL DE TRASPLANTES

INTRODUCCIÓN

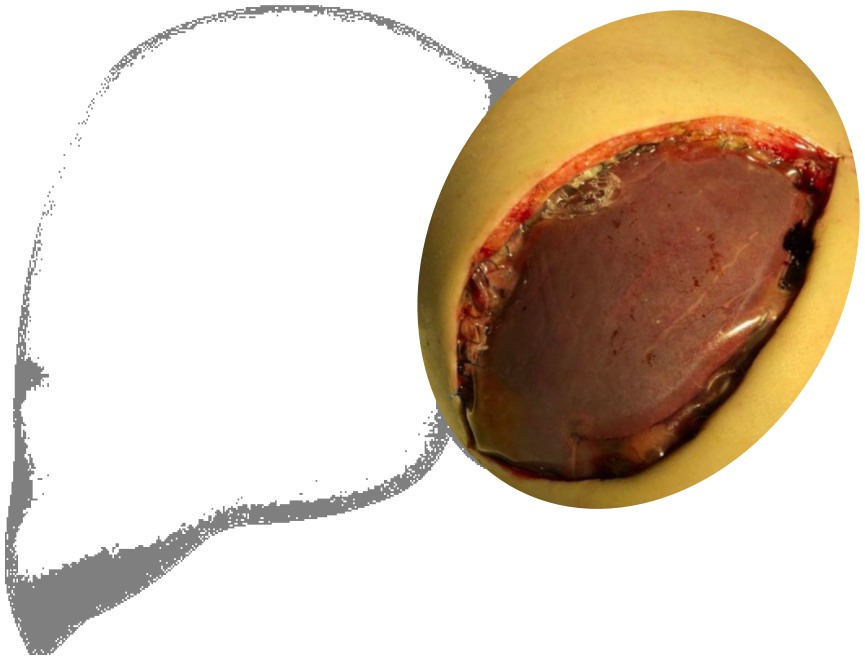


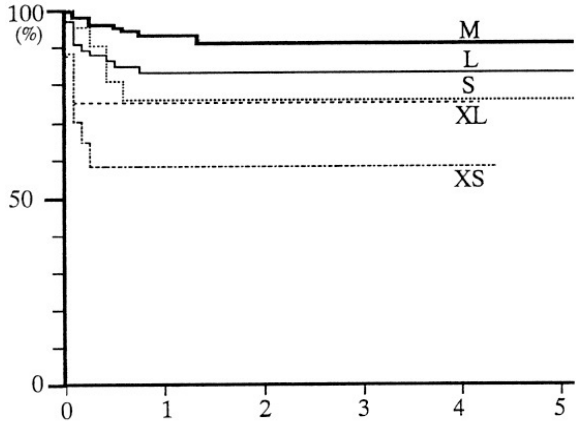
INTRODUCCIÓN

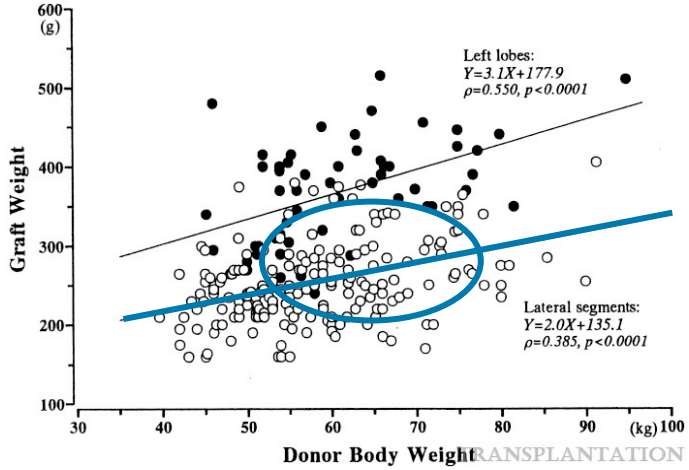
IMPACT OF GRAFT SIZE MISMATCHING ON GRAFT PROGNOSIS IN LIVER TRANSPLANTATION FROM LIVING DONORS1,2

Kiuchi Tetsuya; Kasahara, Mureo; Uryuhara, Kenji; Inomata, Yukihiro; Uemoto, Shinji; Asonuma, Katsuhiro; Egawa, Hiroto; Fujita, Shiro; Hayashi, Michihiro; Tanaka, Koichi

TransplantationTransplantation. 67:p 321-327, January 27, 1999.







GRWR 1-3

Graft-to-recipient weight ratio

INTRODUCCIÓN

	PRIMARY CLOSURE	DELAYED SEQUENTIAL CLOSURE	*p*
N (%)	75 (73.5%)	27 (26.5%)	
SEX (%)			<.05
Male	41 (54.7%)	8 (29.6%)	
Female	34 (45.3%)	19 (70.7%)	
AGE (y)	5.06 ± 4.5 [4.03–6.1]	1.4 ± 1.8 [0.73–2.16]	<.005
Weight (Kg)	20.4 ± 13.14 [17.37–23.42]	9.4 ± 5.5 [7.21–11.56]	<.005
<10 kg (%)	17 (22.7%)	19 (70.4%)	<.005
GRWR	2.95 ± 1.63 [2.56–3.34]	4.65 ± 2.39 [3.64–5.66]	<.005
>4 (%)	13 (18.84%)	10 (41.67%)	<.05
INDICATIONS			NS
Cholestatic Disease	34 (45.3%)	14 (51.9%)	
Metabolic Disease	21 (28%)	9 (33.3%)	
Neoplastic	10 (13.3%)	1 (3.7%)	
Others	10 (13.3%)	3 (11.1%)	
GRAFT TYPE			NS
Whole liver	30 (40%)	8 (29.6%)	
Living Related Donor	23 (30.7%)	9 (33.3%)	
Split	10 (13.3%)	4 (14.8%)	
Reduced	12 (16%)	6 (22.2%)	

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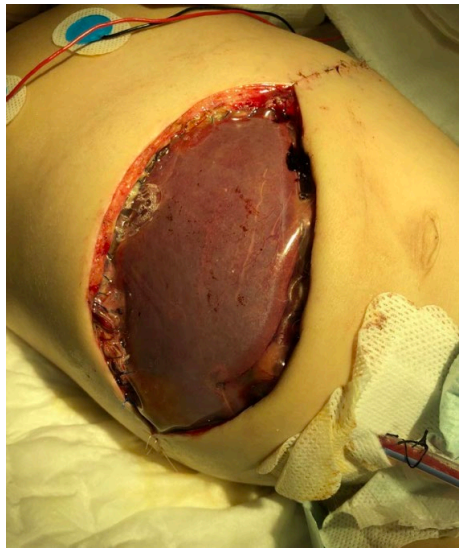
ORIGINAL ARTICLE

WILEY

Delayed sequential abdominal wall closure in pediatric liver transplantation to overcome "large for size" scenarios

José Andrés Molino[1] | Ernest Hidalgo[2] | Jesús Quintero[3] | Ana Coma[4] | Juan Ortega[5] | Javier Juamperez[3] | María Mercadal-Hally[3] | Lluis Riera[4] | Lucia Riaza[4] | Itxarone Bilbao[2] | Cristina Dopazo[2] | Mireia Caralt[2] | Elisabeth Pando[2] | Concepción Gómez-Gavara[2] | Ramón Charco[2]



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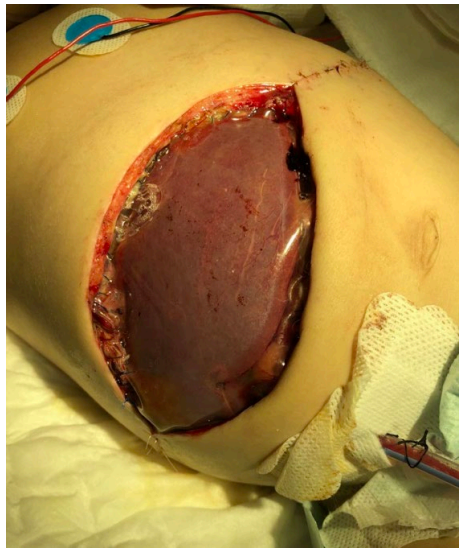

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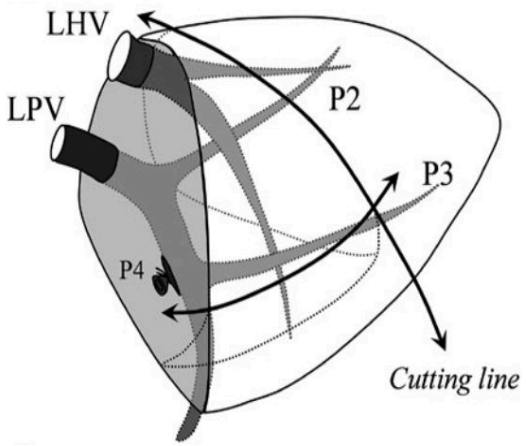
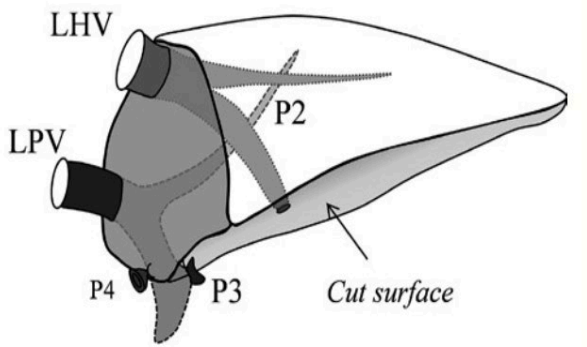


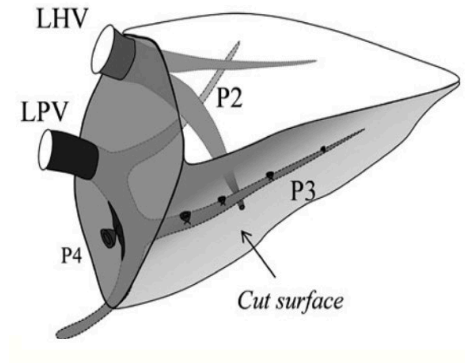
Living-Donor Liver Transplantation With Hyperreduced Left Lateral Segment Grafts: A Single-Center Experience

Hiroyuki Kanazawa,[1,2] Seisuke Sakamoto,[1] Akinari Fukuda,[1] Hajime Uchida,[1] Ikumi Hamano,[1] Takanobu Shigeta,[1] Megumi Kobayashi,[1] Chiaki Karaki,[1] Hideaki Tanaka,[1] and Mureo Kasahara[1]



Living Donor Liver Transplantation With Reduced Monosegments for Neonates and Small Infants

Kohei Ogawa,[1,3] Mureo Kasahara,[2] Seisuke Sakamoto,[1] Takashi Ito,[1] Kaoru Taira,[1] Fumitaka Oike,[1] Mikiko Ueda,[1] Hiroto Egawa,[1] Yasutsugu Takada,[1] and Shinji Uemoto[1]



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DOI: 10.1111/ajt.14875

ORIGINAL ARTICLE

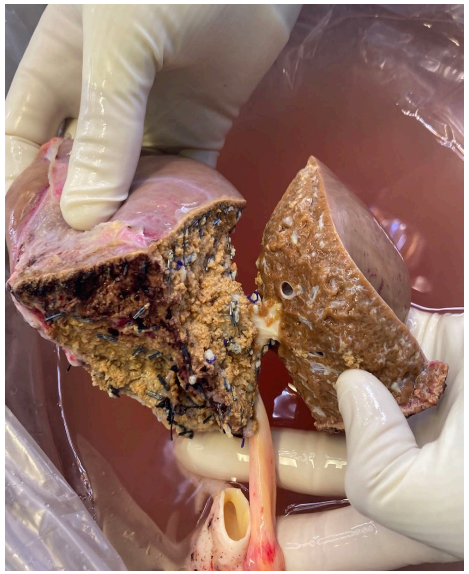
AJT

Impact of graft thickness reduction of left lateral segment on outcomes following pediatric living donor liver transplantation

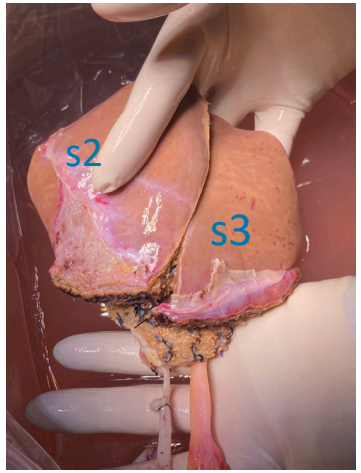
Toshihiro Kitajima[1,2] | Seisuke Sakamoto[1] | Kengo Sasaki[1] | Soichi Narumoto[1] | Kourosh Kazemi[1,3] | Yoshihiro Hirata[1] | Akinari Fukuda[1] | Rumi Imai[4] | Osamu Miyazaki[4] | Rie Irie[5] | Satoshi Teramukai[6] | Shinji Uemoto[2] | Mureo Kasahara[1]

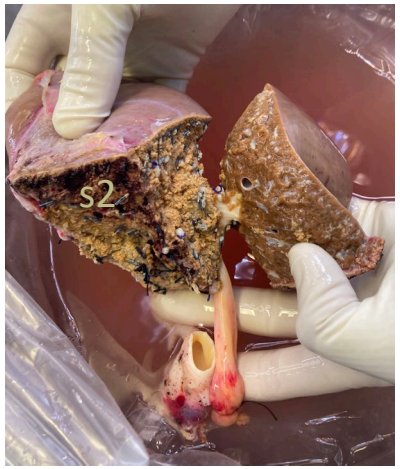
OBJETIVO

Analizar los injertos split monosegmentarios e hiperreducidos del segmento lateral izquierdo utilizados para el trasplante hepático pediátrico



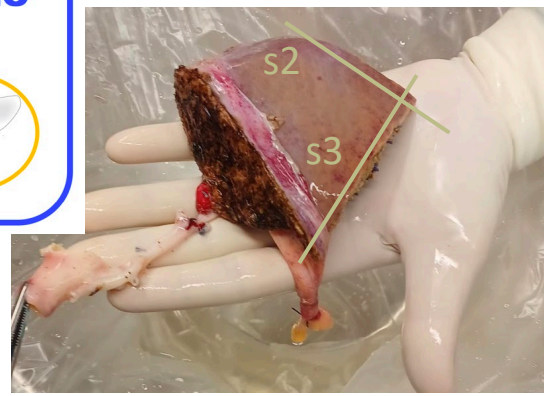
MATERIAL Y MÉTODOS

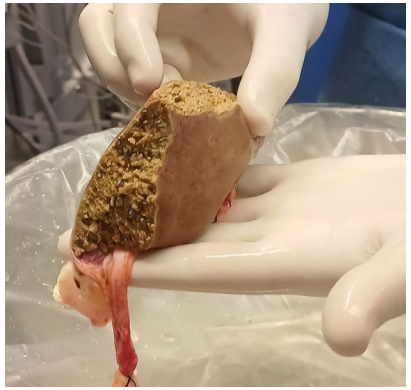


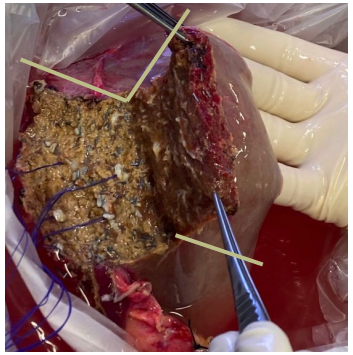


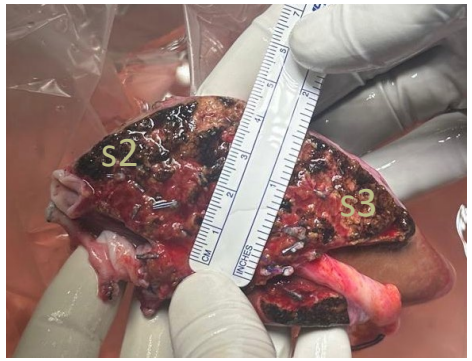
MONOSEGMENTARIOS

HIPERREDUCIDOS



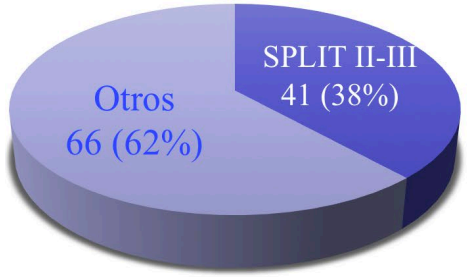




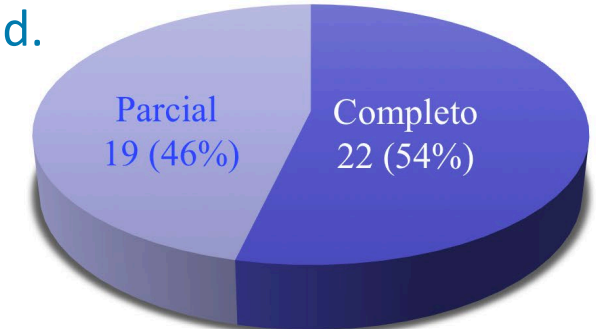


HOSPITAL INFANTIL

RESULTADOS



107 TX. Hep. Ped.



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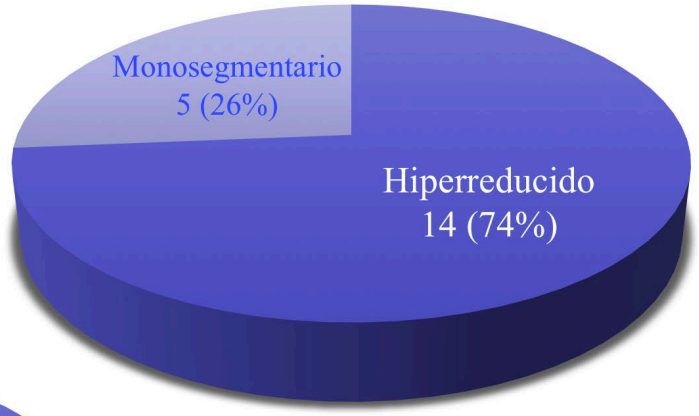

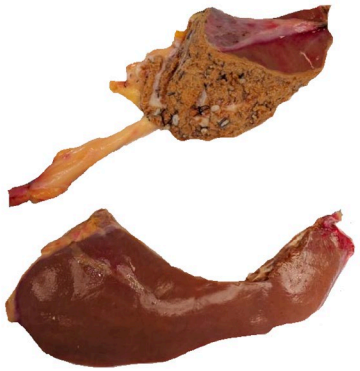

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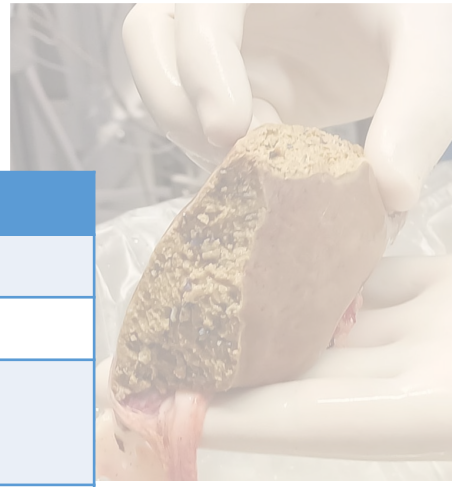
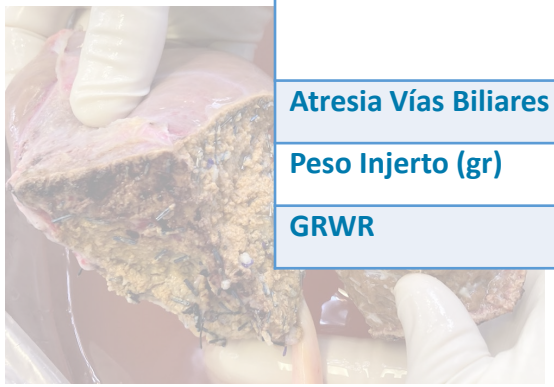


n = 41	Split II-III	HiperR/Monoseg	p
n	22 (54 %)	19 (46 %)(14/5)	
Edad (m)	35,5 ± 32,9	8,2 ± 4,6	< 0,005
Peso (Kg)	14,2 ± 6,6	6,3 ± 1,7	< 0,005
Peso < 10Kg	36,4 %	100 %	< 0,005
Patología de Base			NS
Colestásica	10 (45,4 %)	14 (73,7 %)	
Metabolopatía	4 (18,2 %)	3 (15,7 %)	
Tumoral	4 (18,2 %)	1 (5,3 %)	
Otras	4 (18,2 %)	1 (5,3 %)	
Atresia Vías Biliares	4 (18,2 %)	11 (57,9 %)	< 0,05
Peso Injerto (gr)	285 ± 51	230 ± 54	< 0,05
GRWR	2, 38 ± 0,8	3,73 ± 0,9	< 0,05



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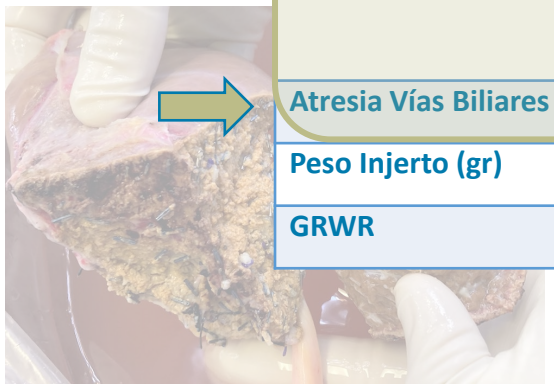

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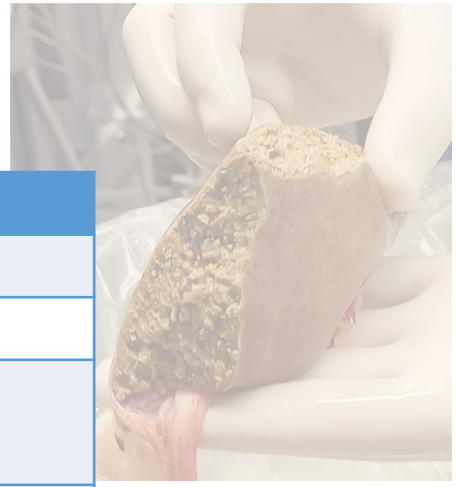

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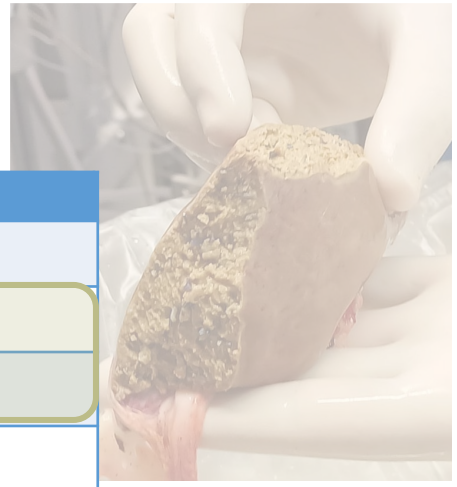
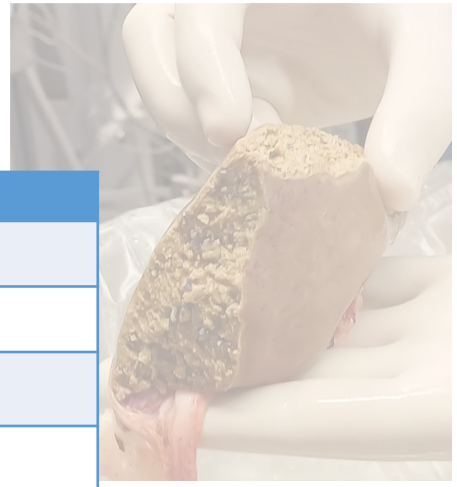


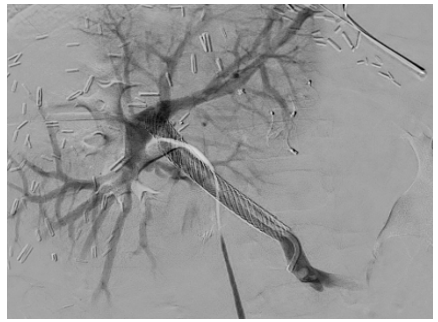
n = 41	Split II-III	HiperR/Monoseg	p
n	22 (54 %)	19 (46 %)(14/5)	
Isquemia total (m)	339 ± 60	378 ± 112	NS
Isquemia caliente (m)	33,6 ± 10	32,9 ± 7	NS
Injerto Aorta	5 (22,7 %)	3 (15,8 %)	NS
Cierre Diferido	6 (27,3 %)	7 (36,8 %)	NS
Fuga Biliar	2 (9,1 %)	2 (10,5 %)	NS
Seguimiento			NS
Comp. Arterial	3 (13,6 %)	2 (10,5 %)	
Comp. Portal	1 (4,6 %)	1 (5,3 %)	
Comp. Biliar	4 (18,2 %)	5 (26,3 %)	
Éxitus	1 (5 %)	0 (0 %)	NS

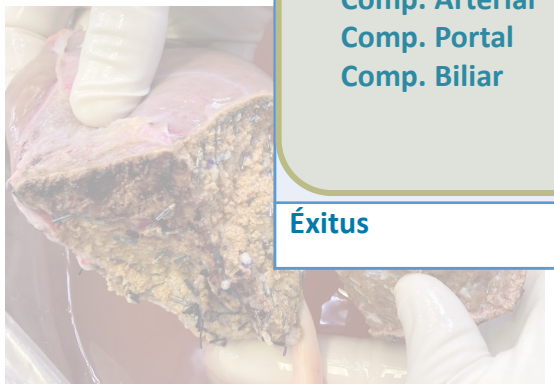
RESULTADOS



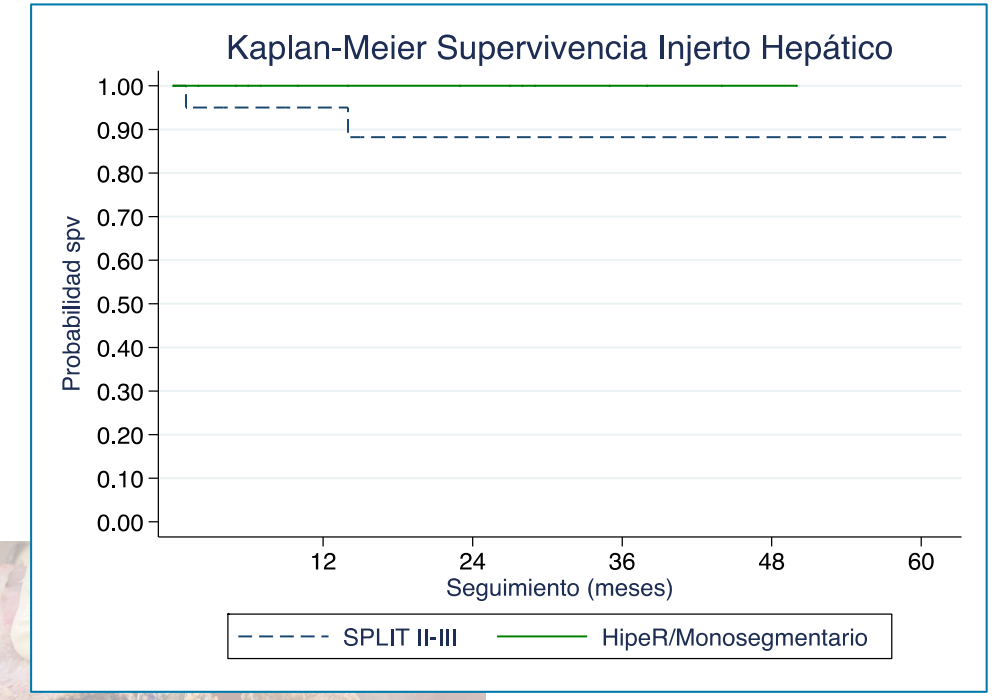
n = 41	Split II-III	HiperR/Monoseg	p
n	22 (54 %)	19 (46 %)(14/5)	
Isquemia total (m)	339 ± 60	378 ± 112	NS
Isquemia caliente (m)	33,6 ± 10	32,9 ± 7	NS
Injerto Aorta	5 (22,7 %)	3 (15,8 %)	NS
Cierre Diferido	6 (27,3 %)	7 (36,8 %)	NS
Fuga Biliar	2 (9,1 %)	2 (10,5 %)	NS
Seguimiento	3 (13,6 %) 1 (4,6 %) 4 (18,2 %)	2 (10,5 %) 1 (5,3 %) 5 (26,3 %)	NS
	1 (5 %)	0 (0 %)	NS

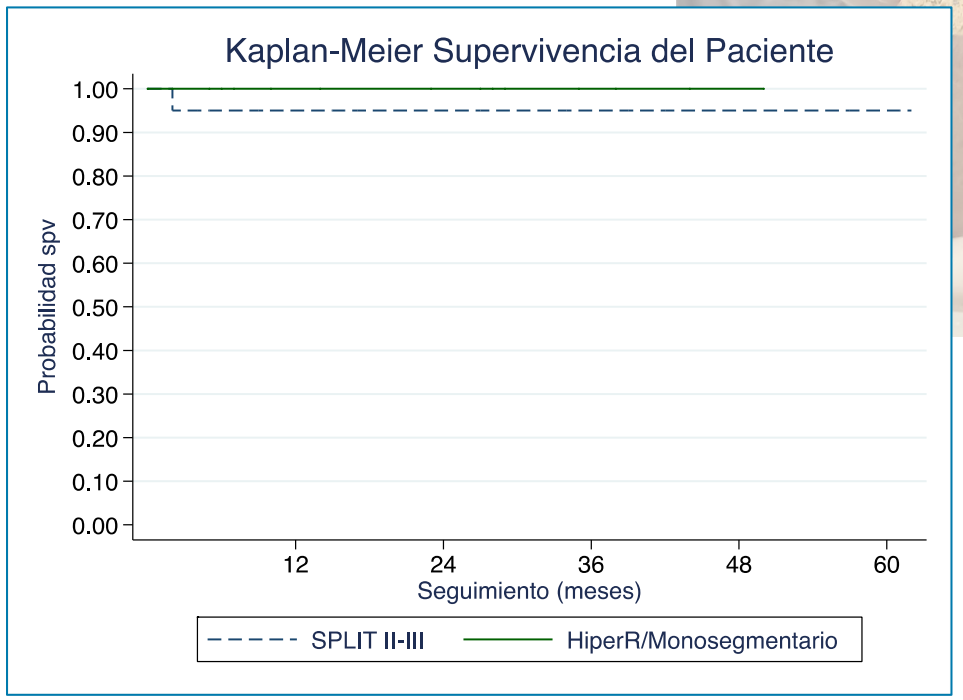
RESULTADOS

n = 41	Split II-III	HiperR/Monoseg	p
			
Fuga Biliar	2 (9,1 %)	2 (10,5 %)	NS
Seguimiento			NS
Comp. Arterial	3 (13,6 %)	2 (10,5 %)	
Comp. Portal	1 (4,6 %)	1 (5,3 %)	
Comp. Biliar	4 (18,2 %)	5 (26,3 %)	
Éxitus	1 (5 %)	0 (0 %)	NS



RESULTADOS


Kaplan-Meier Supervivencia Injerto Hepático
Probabilidad spv
1.00
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
12
24
36
48
60
Seguimiento (meses)
SPLIT II-III
HipeR/Monosegmentario


Kaplan-Meier Supervivencia del Paciente
Probabilidad spv
1.00
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
12
24
36
48
60
Seguimiento (meses)
SPLIT II-III
HiperR/Monosegmentario

CONCLUSIONES

- ✓ Los injertos monosegmentarios e hiperreducidos, auque técnicamente suponen una dificultad añadida, son una opción segura y comparable al estándar

- ✓ Tienen excelentes resultados en pacientes de bajo peso que además pueden tener dificultades para acceder al trasplante hepático