



Recurrence of Alcohol Ingestion in Liver Transplantation Candidates

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ALCOHOLIC CIRRHOSIS is one of the most common causes of hepatic failure. Liver transplantation (LT) is the treatment of choice for patients with severe liver failure (Childs B and C)¹ who have remained abstemious for more than 6 months. Nevertheless, some patients may have recurrence of alcoholic ingestion while on the waiting list for liver transplantation. The aim of this study was to analyze the recurrence of alcohol ingestion in alcoholic cirrhotic patients on the waiting list for liver transplantation.

PATIENTS AND METHODS

The retrospective study included 73 patients with alcoholic cirrhosis who were listed for liver transplantation in Santa Casa de Misericórdia de São Paulo Hospital from August 1997 until May 2002. All of the patients underwent a multidisciplinary evaluation including a mandatory complete psychological examination. The absence of this evaluation was an exclusion criterion. A 6-month period of alcohol abstinence and compliance with follow-up were required for listing. The statistical analysis included: Student *t* test for parametric variables, the Mann-Whitney test for nonparametric variables, and the Spearman test for correlation analysis.

RESULTS

Seven of the 73 patients were excluded, because they did not agree to a psychological evaluation or they died before the general evaluation was completed. The remaining 66 patients were listed for liver transplantation. Sixty-one (92.4%) were men and 5 (7.6%) were women. Their age ranged between 19 and 62 years, with a mean of 45.9 and a median of 47 years. The Child-Pugh score was as follows: Child A, 1 patient (1.5%); Child B, 37 (56.1%); and Child C, 28 (42.4%) patients. The duration of alcoholic ingestion was as follows: less than 5 years, 9 patients (13.6%); 5 to 10 years, 9 patients (13.6%), and more than 10 years, 48 patients (72.7%). The amount of daily ethanol ingestion was as follows: less than 20 g in 6 patients (9.1%), 20 to 80 g in 24 patients (36.4%), 80 to 200 g in 23 patients (34.8%), and more than 200 g in 13 patients (19.7%). In 10 (15.2%) patients, there was recurrence of alcoholic ingestion. In this group, recurrence occurred between 1 and 34 months (mean, 14, 15; SD 13.25 months). The majority of the recurrent patients were men, the duration of alcohol ingestion was longer than 10 years and the daily consumption ranged between 20 and 80 g. The most frequent etiology was alcohol ingestion with an association between alcohol

and Hepatitis C virus. There was no statistically significant difference between the group of patients with and without recurrence when comparing age ($P = .309$), duration of alcoholic ingestion ($P = .527$) or degree of ethanol consumption ($P = .469$). However, when comparing sex there was a statistical difference ($P = .040$) between the two groups.

DISCUSSION

The present study, revealed a recidivism rate of 15.2%. Most studies have investigated only posttransplantation recurrence, all of which show that the shorter the pretransplantation abstinence period, the higher the rate of posttransplantation recidivism. This observation also was confirmed in the present study, where only 1 of the 13 patients who had undergone liver transplantation showed alcoholic recurrence. Other studies of patients with short abstinence period report recidivism rates of 34%, 45%, and 66%,² with relapse rates of 30% to 54% during a 1 to 3-year posttransplantation period.^{1,3-5} These findings leads to an important relation between the duration of pretransplantation abstinence and the subsequent recurrence of alcoholic ingestion.⁶ During the pretransplantation period, psychological evaluation and follow-up are important because they may help to classify patients according to the risk of recurrence and to help to avoid it as well.^{7,8}

The mean age of the patients (45.9 years) was similar to other studies. The most frequent Child-Pugh scores were B and C and the duration of alcoholic ingestion was greater than 10 years in most cases (72.7%). These results are comparable with those in the literature.^{5,9}

There was no statistically significant difference when comparing age, duration of alcoholic ingestion, and quantity of ethanol ingestion between groups of patients with versus without alcohol recurrence,¹⁰ showing that the recidivism patient is not necessarily the one who has the longest period of alcohol ingestion or drinks the most. In relation to sex, 7 of 10 patients who relapsed, were men, reaching statistical significance ($P = .004$). In conclusion, the rate of recurrent alcohol ingestion among patients with alcoholic

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cirrhosis was 15.2%, showing that most patients remained abstemious on the waiting list for liver transplantation. The duration of alcoholic ingestion, quantity of ethanol, and age were similar between the groups of patients with or without recurrence. However, early clinical and psychological evaluation combined with a minimum abstinence period of 6 months seemd to be adequate to authorize liver transplantation.

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