

HIGH MELD SCORE AND ELDERLY PATIENTS: SHOULD LIVER TRANSPLANTATION BE CONTRAINDICATED ?

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Introduction

Liver transplantation is a well established treatment for acute and chronic terminal liver disease and organ shortage is a major limiting factor for a further increase in the number of liver transplants performed worldwide. This scenario leads to a situation in which higher-risk patients could be discriminated and, for instance, for patients with advanced liver disease and advanced age, the utility of the liver transplantation remains controversial.

Similar transplant outcomes are obtained when comparing highly selected elderly patients with younger population (ref). However, high-risk or hospitalized elderly patients showed worse outcomes (Nebraska and Baylor), suggesting that those patients should be transplanted at an earlier time of the decompensated liver disease. On the other hand, since the adoption of the Model for End-Stage Liver Disease (MELD) as the allocation system for liver grafts, this goal is rarely achieved.

Recently, it has been shown that high MELD (> 25) scores are associated with poor post-transplant outcomes. This poor outcome is worse for individuals over 65 and better for younger patients (Habib). Thus, such findings could be used in transplant decision-making in regard to potential organ receptors. Indeed, we asked whether we should continue performing liver transplantation in our patients with high MELD (>30) and over 60 years old, considering that grafts are scarce and therefore should be optimized to avoid futile transplantation.

Purpose

To investigate the effect that older age (above 60) has in the outcome of individuals with high MELD who underwent liver transplantation, we divided our population of 195 individuals according to age (above and below 60) and MELD (<30 and > 30).

Patients and Methods

During the period between May 2005 and March 2009, 240 liver transplants were performed by the Liver Transplant Program of the Hospital Israelita Albert Einstein, in São Paulo, Brazil. Retransplants, living donor liver transplantation, combined liver-kidney transplantation and transplants for fulminant hepatic failure were excluded.

This study analyzed the data of 47 patients that were divided in according to the MELD score and age, as follow: Group I - > 30 > 60 included patients with MELD > 30 and aged > 60 yr (n=12) and Group II - > 30 < 60 included patients with MELD > 30 and aged < 60 (n=35).

The following variables were analyzed in each group: Meld score, ICU and hospital stay, infectious complications, renal dysfunction, hemocomponents transfusion and survival.

Conclusion

Advanced age should not be a contraindication for liver transplantation even when considering recipients with higher MELD scores

Results

Table 1 compare results in both groups and survival curves are shown in figure 1.

	Group I (± SD)	Group II (± SD)	p value
Age	65.25 (4.7)	46 (12.6)	< 0.001
MELD	35.08 (10.07)	31.71 (6.58)	0.403
ICU Stay (days)	14.08 (21.21)	14.86 (25.9)	0.998
Hospital Stay (days)	46.5 (55.7)	34.1 (31.7)	< 0.001
Infection	50%	51.40%	1
Renal Failure	100%	85.70%	0.308
Survival	66.70%	76.30%	0.607

