ALBERT EINSTEIN
SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA
HOSPITAL • ENSINO E PESQUISA • RESPONSABILIDADE SOCIAL

COMPLICATIONS IN LIVER TRANSPLANTATION FOR FAMILIAL AMYLOIDOTIC POLYNEUROPATHY: HIGH INCIDENCE OF HEPATIC ARTERY THROMBOSIS

Bianca Della-Guardia, MD[1]; Marcio D Almeida, MD[1]; Maria P V Coelho, MD[1]; Andre I David, MD[1]; Rogério Carballo Afonso, MD[1]; Ben-Hur Ferraz-Neto, MD, PhD[1].
[1]Liver Transplantation Department, Hospital Albert Einstein, São Paulo, SP, Brazil.
e-mail: biancadg@einstein.br

INTRODUCTION: Liver transplantation (LT) is the only option for patients with familial amyloidotic polyneurophathy (FAP). Recently was described an increased incidence of hepatic artery thrombosis (HAT) almost eight times higher in transplant patients with FAP compared to non-FAP, not directly related to the surgical technique.

OBJECTIVE: Analysis of complications in transplanted patients for FAP in the transplantation unit of HIAE from October 2007 to December 2009.

PATIENTS AND METHODS: Fourteen patients were transplanted for FAP (Val30Met TTR mutation), median age 34.5 years, all classified as grade I. Complications related to surgery: 14.3% (two patients) had anastomotic biliary strictures treated with dilation and biliary stent insertion, 21.4% (3) showed HAT and 28.6% (four patients) required retransplantation (three due HAT and one due hyperacute rejection). No patient had acute cellular rejection or chronic rejection (immunosuppressive regimen with prednisone until the third month plus cyclosporine or tacrolimus). No patient received blood transfusion or coagulation factors during surgery, one patient received a reduced liver-graft. All had standard arterial reconstruction without complex reconstruction or aortic conduits. One patient with HAT received a graft of pediatric donor. In our group of 232 non-FAP transplants, the incidence of HAT was 5,6% in the same period. Complications not related to surgery: 28.6% (4) developed acute renal failure in early post-transplant, and three required temporary dialysis support. The most common infections were urinary tract infection (UTI) observed in 14.3% (two patients with previous recurrent UTI) and cytomegalovirus infection in 21.4%. There were no deaths until present date.

CONCLUSION: Even with the good results observed in transplant patients with FAP, it emphasizes the high incidence of HAT in this subgroup. The HAT is a complication generally related to technical difficulties of arterial reconstruction, but the PAF has been shown to be an independent risk factor for HAT. Recently we started a protocol with low-molecular-weight heparin and aspirin in the early postoperative period in an attempt to reduce the incidence of HAT, but it seems unfair to the need for further studies for appropriate anticoagulation therapy and to identify the presence of a hypercoagulability inherent in FAP.

ilts2010 491--P

Surgical Techniques/Complications

Bianca Della-Guardia

DOI: 10.3252/pso.eu.16ilts.2010

Poster printing supported by: astellas | TRANSPLANT