

tively 95.06% vs 83.04% and 93.39% vs 76.34% ($p=0.005$). Graft survival between two groups was 92.75% vs. 78.44% ($p=0.01$) after 1 year from OLTx and 89.41% vs. 70.19% ($p=0.004$) after 5 years respectively.

During first year post-OLTx, more deaths occurred in the NS vs. S group (17 vs 4). During the five years of follow-up, the overall number of deaths was reduced in both groups, with no statistically significant difference (4 vs 1).

Number of risk factors do not affect 1-year and 5-year patient ($p=0.37$) and graft survival ($p=0.12$) between NS1 and NS2 subgroups.

Conclusions: ECD liver grafts can safely be used and allows recipients on the waiting list to have a greater chance of being transplanted. High rate mortality seen during the first 12 months post-OLTx suggests a careful selection and use of the ECD.

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ONE THOUSAND LIVER TRANSPLANTS FROM A SINGLE EUROPEAN CENTER

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Aim: To analyze changes over time in donors, recipients and results of a series of 1000 liver transplants(LT) performed in our center.

Patients and Methods: Between 1985-2007,1000 LT were performed(789 adults,211 children). We have compared the first 100 LT with the last 200 among adults,and the first 100 with the last 100 among children.

Results:

Adults: Donors in the last period were older (30 years(r:7-64) vs 54.5 years(r:7-83), $p<0.001$). The main cause of death during the 1stperiod was traffic accident(47%) and cerebrovascular disease in the 2ndperiod(54.9%).

Recipients were older (53.5 years(r:16-66) vs 57.4 years(r:20-69), $p<0.001$) and had more comorbidity in the 2ndperiod (DM 14%vs29.5%, HTA 6%vs14.3%; $p<0.05$). In the last period, there were more patients with HCC (14%vs27.5%, $p<0.005$) and patients HIV+started to be transplanted. In the 1stperiod, the surgical technique used was: Piggy-Back technique(45%), by-pass(33%) and classical(22%),($p<0.001$). In the 2ndperiod,the Piggy-Back technique was used in all patients. Initially, the T-tube was used in 46% and in the 2ndperiod scarcely(6.6%),($p<0.05$).

One-,3- and 4-year actuarial patient survival in the first and last period was 64%,50%,48% vs 86%,78%,75%, respectively,($p<0.05$).

Children: During the last period, transplanted children were younger: 1.3 years(r:0.08-16.5) vs 4 years(r:0.6-15),($p<0.05$). There were no differences in weight: 15kg(r:4.4-68) vs 10kg(r:2.5-78). The main reason for transplantation was biliary duct atresia in both groups. In the last group, more partial grafts were used (17%vs44.1%, $p<0.05$): less reduced grafts (15%vs20.4%), but more "split" (2%vs19.4%) and the beginning of the living donor($p<0.05$).

Conclusions: Despite the use of older donors,partial grafts,more comorbidity and extreme ages, survival has improved throughout the years.

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LIVER TRANSPLANTATION - BILIARY COMPLICATIONS

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Introduction: Early and late biliary complications still remain the Achilles' heel of the liver transplantation, leading to increased morbidity with a reported negative incidence up to 64% in adult living donor liver transplantation (ALDLT).

Materials and methods: We reviewed 152 transplants in 144 patients who underwent liver transplantation between April 2000 and June 2008. Whole and partial liver transplants were 101 and 51 respectively (41 from living donors and 10 cadaveric split and reduced livers). We compared recipient's outcomes and biliary complications in these two groups to assess the impact of transplant type.

Results: Mean follow-up was 792 days (range, 1-2985 days), the patient overall survival rate was 72.2 % (1 year survival = 76.1% and 5ys survival = 68.6%). Forty recipients (27.8%) died and 8 (5.5%) were retransplanted. Forty-nine biliary complications were present in 38 (26.3%) cases, 29 biliary leakages, 19 biliary stenosis and 1 lithiasis.

Conclusions: The transplantation program from Fundeni Clinical Institute is complex with all types of liver transplantation, both in adults and children and combined as well. The high incidence of biliary complications is associated with partial liver grafts. Along with the increase of liver transplantation procedures and experience of surgical team, improved results are expected.

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EVALUATION OF ADJUVANT TREATMENT WITH SORAFENIB AFTER OLT FOR HCC BEYOND MILAN CRITERIA. PRELIMINARY RESULTS

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Background: Liver transplantation (OLT) is considered as one of the optimum treatment modalities for HCC. Milan criteria have shown excellent results in terms of long term and disease-free survival. Pre-transplant imaging techniques frequently understage patients with HCC, as evidenced by the final explant pathology. Sorafenib is a new targeted therapy for advanced HCC.

Objective: To evaluate Sorafenib as an adjuvant treatment in patients transplanted for HCC outside Milan criteria.

Material and Methods: From January 2007 to December 2008, 75 patients underwent liver transplantation in our centre. HCC was the principal diagnosis in 17 patients and out of these, 6 patients were either beyond Milan criteria or presented with, or developed metastatic disease later on. These patients were treated with Sorafenib as adjuvant treatment and were on an mTor in-

therapy for immunosuppression maintenance.

Results: Patient and graft survival were both 7.5 months (2-21m), mean AFP was 2223 ng/ml (3.7-11000). Secondary disease was HBV in 4 patients, HBV + ALD in 1 patient and ALD in 1 patient. One patient presented with recurrence 3 months after liver transplantation and 2 patients developed metastases in bones and lungs respectively. There were episodes of acute rejection in 3 patients treated with steroids boluses. Maintenance immunosuppression was mTor plus Calcineurin inhibitors in 5 patients and 1 patient was converted from mTor to MMF due to acute rejection.

Conclusions: Preliminary results showed that adjuvant treatment with Sorafenib after OLT is likely to slow progression of the disease and a trend to extend survival.

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135 LIVER TRANSPLANTATIONS FOR FULMINANT HEPATIC FAILURE RESULTS OF A HIGH VOLUME CENTER

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Purpose: Fulminant hepatic failure (FHF) is an uncommon and life-threatening clinical syndrome. Despite improvements in medical therapy, orthotopic liver transplantation (OLT) remains treatment of choice. Since now, only few investigations have been published in this field. Purpose of this analysis was to present the posttransplant outcomes in patients with FHF of a high volume transplantation center.

Patients and Methods: This retrospective analysis included 135 patients with FHF who underwent OLT between 1988 and 2007. Etiology of FHF, patients demographic variables and laboratory values were analyzed and compared with posttransplant outcome. Postoperative liver specific values were collected.

Results: In the cohort of 135 transplanted patients, 44 (32.6%) were males and 91 (67.4%) females with a mean age 32 ± 17 years at time of transplantation. In most instances cause of FHF remained unclear (44%) followed by hepatitis B infection (22.2%) and drug-induced hepatic failure (13.3%). The mean waiting time for a suitable graft was 2 ± 2 days. Cold and warm ischemia time were 525 ± 174 min and 44 ± 13 min respectively. Nine graft showed initial non-function. The mean hospital-stay was 47 ± 32 days. The 1 year survival was 82%. Gender and etiology of FHF did not correlate with posttransplant outcome ($p=NS$). At the 14th POD the patients had following laboratory values: bilirubin 8.8 ± 9 IU/L, INR 1.16 ± 0.23 and ALT 92 ± 81 IU/L.

Conclusions: This analysis demonstrates that OLT due to FHF has a 1-year survival over 80% with excellent postoperative graft function. Because of this positive results, OLT represents the best therapeutic option for patients with irreversible FHF.

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THE LONG-TERM SURVIVAL OF LIVER TRANSPLANT RECIPIENTS FOR HEPATITIS B AND D CIRRHOSIS IS INCREASED WHEN HEPATOCELLULAR CANCER IS PRESENT

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Introduction: In contrast to immunocompetent patients, individuals with multiple hepatitis virus infections have an improved outcome after liver transplantation. However, the effect of hepatocellular cancer (HCC) in patients transplanted for hepatitis B and D virus (HB/DV) cirrhosis is not well studied.

Purpose: To study the long-term survival outcomes of patients who underwent liver transplantation for HB/DV cirrhosis with and without HCC.

Methods: A total of 231 primary, adult, single-organ liver transplants were performed from 1990 to 2007. HB/DV was the cause of cirrhosis in 15.6% (n=36) of the patients. Nine patients died during the first three postoperative months from surgical complications. The rest 27 comprised the study group. Median follow-up was 1515 days.

Results: Study group mean patient survival was 3760 days (95% CI: 3013, 4507). Six patients (22.2%) were diagnosed with HCC in the liver explant. Mean patient survival was 3011 days (95% CI: 2344, 3679) and 4036 days (95% CI: 3002, 5070) for recipients without and with HCC respectively. The incidence of acute cellular rejection was 14.3% and 16.7% for HB/DV patients without and with HCC respectively ($p=0.659$). The incidence of microbial infections was 61.9% and 33.3% in patients without and with HCC respectively ($p=0.219$). HCC has not recurred in any of the six patients.

Conclusions: Mean long-term survival after liver transplantation for HB/DV and HCC surpasses 11 years. The superior survival of HCC patients is difficult to explain. The increased number (almost double) of microbial infections in the non-HCC population might be held accountable.

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BILIARY TRACT COMPLICATIONS AFTER ORTHOTOPIC LIVER TRANSPLANTATION: DO THEY STILL REMAIN THE ACHILLES HEEL?

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Background/Aim: Biliary tract complications, once considered as the technical "Achilles heel" of orthotopic liver transplantations (OLT), continue to be a challenging problem and a major cause of morbidity and mortality despite advances in surgical techniques, immunosuppression and postoperative management. The aim of this study was to document the clinical presentation and management of biliary complications (BC) after OLT at our center