

for immunosuppression maintenance.

Results: Patient and graft survival were both 7.5 months (2-21m), AFP was 2223 ng/ml (3.7-11000). Secondary disease was present 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 2 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.

O 52 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 the treatment of choice. Since now, only few investigations have been published in this field. Purpose of this analysis was to present the long-term 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 outcomes. 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 55 ± 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 first POD the patients had following laboratory values: bilirubin 10 ± 4 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.