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Poster Presentations: TRANSPLANTATIONS
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TREATMENT OF HEPATITIS C REINFECTION AFTER LIVER TRANSPLANTATION WITH AN ANTIVIRAL COMBINATION THERAPY

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Introduction: The sustained virological response (SVR) in patients with chronic hepatitis C after liver transplantation is so low, so that a hepatitis C recurrence with signs of acute or chronic hepatitis comes in 55-75% of all recipients. To a graft loss resulting from recurrent cirrhosis comes in 10 to 40% of the cases. Today an antiviral combination therapy of interferon and ribavirin is feasible, which shows sustained virological response (SVR) in approximately 20 to 40% of the patients. The aim of the study was to evaluate the efficacy of the interferon (IFN-a2b, peg interferon) and ribavirin (RIBA) treatment. We report the course of biochemical parameters and the histological course of recipients after achievement of SVR.

Methods: 21 patients with recurrent Hep C were treated with the combination therapy consisted of IFN.a2b/peg-Interferon and RIBA 6 months after OLTx. Hep C RNA was determined every 3 month after starting the therapy. Liver biopsy was taken before begin and at the end of therapy. All patients were followed up a mean of 24 +/- 5 months.

Results: Sustained virological response was achieved in 40%, in 25% of the treated patients there was no response to the therapy. We saw also a statistically significant improvement of the histological activity index for inflammation activity and fibrosis. Rejection episodes were not to register.

Conclusion: The combination therapy with Interferon (INF a2b or peg-interferon) and Ribavirin is an effective treatment in patients with recurrent chronic Hep C after OLT. It results in a rate up to 40 % with a sustained virological response and leads furthermore to an inhibition of inflammation and fibrosis progression.

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COMPARISON OF THE PRETRANSPLANT IMAGING FINDINGS WITH THE LIVER EXPLANT PATHOLOGIC FINDINGS, IN CASES OF LIVER TRANSPLANTATION FOR HEPATOCELLULAR CARCINOMA

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BACKGROUND: Clinical staging and selection criteria for liver

transplantation of patients with cirrhosis and hepatocellular carcinoma (HCC) are based on pretransplant imaging.

AIMS: To evaluate the correlation of the pretransplant radiological, spiral CT findings, with the pathologic findings of the explant liver in our liver transplant patients.

METHODS: We reviewed 41 cirrhotic patients with HCC diagnosis, who underwent liver transplantation between 1992-2006. Pretransplant staging was based on triphasic helical-CT findings and in serum alpha-fetoprotein levels. Imaging findings, regarding size, number and location of HCC nodules, were compared with the liver explant pathologic findings.

RESULTS: Identical findings between imaging and pathologic examination was found in 10(24.4%) patients. In 10(24.4%) patients HCC diagnosis was given only by the pathologic examination and not by the preoperative imaging. Six patients (14.63%) had false-positive pretransplant diagnosis of HCC. Pretransplant underestimation of the number of tumors was found in 13(31.7%) patients, in 7 of them by 1-2 missed tumors and in 6 by > 3 tumors. One of these patients had also underestimation of the size of the tumor (< 1 cm difference). In 2(4.8%) patients there was pretransplant overestimation of the number of the tumors (by 1 tumor < 1 cm). Pretransplant staging classified 39(95%) within Milan criteria, while in pathologic staging only 28(68.3%) fulfilled the criteria. The sizes of the undiagnosed tumors were: in 13 patients <1.5cm, in 7 patients 1.5cm-2cm and in 3 patients > 2 cm.

CONCLUSIONS: In cirrhotics accurate pretransplant HCC staging is problematic, specially for tumors <2cm.

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INDICATING LIVER TRANSPLANTATION FOR FULMINANT HEPATIC FAILURE - THE APACHE III SCORE IS SUPERIOR TO MELD SCORE AND KINGS COLLEGE HOSPITAL CRITERIA

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Whilst the MELD score and the King's College Hospital (KCH) criteria are accepted evaluation models in patients with fulminant hepatic failure (FHF), the impact of the APACHE III score on outcome after orthotopic liver transplantation (OLTx) has not been defined yet. Aim of this study is to compare these early indicators for liver transplantation and investigate their predictive efficacy.

Patients and Methods: The study included 111 patients with FHF, listed for OLTx between 1996 and 2007. MELD score, KCH criteria and APACHE III score were retrospectively defined for the day of listing for transplantation.

Results: We divided the cohort according the 1-year outcome. Group 1 consisted 11 patients who were taken from transplant waiting list due to improving clinical condition and 73 patient who survived OLTx. The nonsurvivors group (group 2) included 11 patients who died while waiting for a suitable graft and 16 pa-