

While there is a now ample literature on QOL for LT recipients, little research has followed patients for longer than 4 years. Variability in study design and research quality makes it difficult to generalise findings to all long-term survivors of LT. As the era of successful LT lengthens, more research evaluating the long-term effects of the treatment is needed, as well as the impact of LT on cognitive functioning, why some patients do not benefit, and why overall QOL remains impaired for long-term survivors of LT as compared to the general population.

**Abstract# P-469**

**EMERGENCY LIVER TRANSPLANT OUTCOME IN ITALY.** Carlo De Cillia<sup>1</sup>, Sante Venettoni<sup>1</sup>, Andrea Ricci<sup>1</sup>, Dino A. Mattucci<sup>1</sup>, Lucia Rizzato<sup>1</sup>, Alessandro Nanni Costa<sup>1</sup>. <sup>1</sup>Italian National Transplant Centre, Istituto Superiore di Sanità, Roma, Italy; <sup>2</sup>Special Thanks to All Italian Liver Transplant Centres, Italy, Italy

**Introduction**

Whereas waiting lists for elective liver transplantation in Italy are regional and/or interregional, cases for emergency liver transplantation (ELT) are managed through a national uniform protocol.

**Aim of the study**

To examine the ELT Italian experience from the 1<sup>st</sup> of January 2007 to the 15<sup>th</sup> of December 2008.

**Material and methods**

We examined the number of patients listed for ELT in all Italian Transplant Centres between 2007 and 2008, timeliness of organ availability, graft and recipient survival.

**Results**

Between the 1<sup>st</sup> of January 2007 and the 15<sup>th</sup> of December 2008 149 patients were listed for ELT (Table 1).

Table 1

ELT causes	2007	2008*	Total
Acute Liver Failure	33	27	60
Primary Non Function	26	28	54
Trauma	1	1	2
Wilson's Disease	5	3	8
Other	13	12	25
Total	78	71	149

\*Updated to the 15th of december

105 (70,47%) patients underwent surgery.

44 (29,53%) patients did not undergo surgery, 41% of these died.

As for organ availability, average waiting time was 2,2 days (range 0,1-22 days), compared to 1,81 years in elective transplantation.

Graft and recipient survival % at 1 year were 69,6 ± 9,5 and 71,8 ± 9,5 respectively in ELT, in comparison with graft and recipient survival % being 78,3 ± 2,1 and 82,4 ± 2,0 respectively in elective transplantation.

**Conclusion**

Survival rates in ELT are slightly worse than rates concerning patients undergoing elective transplantation. However, the implementation of a national uniform protocol for ELT has guaranteed liver availability at very short average waiting time (2,2 days), thus supporting the fair management of this procedure.

**Abstract# P-470**

**THE LONG-TERM SURVIVAL OF LIVER TRANSPLANT RECIPIENTS FOR HEPATITIS B AND D CIRRHOSIS IS INCREASED WHEN HEPATOCELLULAR CANCER IS PRESENT.** George Imvrios<sup>1</sup>, Dionisios Vrochides<sup>1</sup>, Vasilios Papanikolaou<sup>1</sup>, Ioannis Fouzas<sup>1</sup>, Nikolaos Antoniadis<sup>1</sup>, Dimitrios Giakoustidis<sup>1</sup>, Achilleas Ntinis<sup>1</sup>, Dimitrios Kardasis<sup>1</sup>, Evangelos Akriadiadis<sup>2</sup>, Themistoklis Vasiliadis<sup>2</sup>, Ioannis Goulis<sup>2</sup>, Eleni Katsika<sup>3</sup>, Georgios Moutsianos<sup>3</sup>, Kalliopi Patsiaoura<sup>4</sup>, Georgios Tsoulfas<sup>1</sup>, Nikolaos Ouzounidis<sup>1</sup>, Polina Agorastou<sup>2</sup>, Dimitrios Takoudas<sup>1</sup>.

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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.

**Abstract# P-471**

**A PROSPECTIVE COMPARATIVE STUDY OF CELSIOR AND UNIVERSITY OF WISCONSIN LIVER PRESERVATION SOLUTIONS.** Eva M. Montalvá, Saulo Deusa, Rafael López-Andújar, Fernando San Juan, Angel Moya, Eugenia Pareja, Juan José Vila, Manuel De Juan, José MIR. Department of Surgery.

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**Background.** The University of Wisconsin solution (UWS) is the reference solution for abdominal organ preservation. The Celsior solution (CS) is an extracellular-type, low-potassium, low-viscosity solution.

**Aim.** We performed a randomized, prospective, single-center study to compare the two cold-storage solutions in liver transplantation.

**Methods and patients.** Liver function of the transplanted grafts was assessed by a comparative analysis of laboratory parameters. Primary nonfunction (PNF) and primary dysfunction (PDF), surgical, vascular, and biliary complications, and patient and graft survival were also assessed until 3 years after transplantation.

**Results.** 196 patients were included in the study (104 grafts preserved with UWS and 92 with CS). No significant differences were observed between the CS or UWS group in donor, recipient, or surgical variables. Perfusate volume was significantly lower in the UWS group (P=0.02). PNF in the CS and UWS groups were 2.2% and 1.9% (P=NS) respectively, and PDF rates were 15.2% and 15.5% (P=NS). The means and medians for laboratory tests showed no significant differences, except for ALT at month 3 post-transplantation which was lower in the CS group (P=0.01). There were no differences in complications according to preservation solution used. Actuarial survival during the first year was 83% in both groups. After 2 and 3 years, it was 80% and 76% respectively in the UWS group and 77% and 70% in the CS groups (P=NS). Significant differences in graft survival were also not observed.

**Conclusions.** CS was as effective as UWS in liver preservation and showed an immediate functionality similar to that of UWS. Significant differences were also not found in 3-year graft or patient survival or in the number of biliary and vascular complications.

**Abstract# P-472**

**LIVER TRANSPLANTATION (LT) FOR PATIENTS WITH ALCOHOLIC CIRRHOSIS (AC) WITH PROVEN ALCOHOL CONSUMPTION ON THE DAY OF THE TRANSPLANT PROCEDURE: A CASE CONTROL STUDY.** Romain Altwegg<sup>1</sup>, C. Vanlemmens<sup>2</sup>, P. H. Bernard<sup>3</sup>, S. Dharancy<sup>4</sup>, P. Wolf<sup>5</sup>, J. Dumortier<sup>6</sup>, S. Radenne<sup>7</sup>, O. Chazouilleres<sup>8</sup>, F. Navarro<sup>1</sup>, GP Pageaux<sup>1</sup>.

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**Aim :** to study the follow-up of pts transplanted for AC with proven alcohol consumption on the day of transplant procedure.

**Method :** a questionnaire was sent to LT centers in order to determine those who look for alcohol consumption on the day of LT. We matched (1.2) these