Liveburths	75%	75%	67%	80%	100%
Spontaneous abortions	17%	19%	24%	20%	0
Therapeutic abortions	5%	5%	10%	0	0
Stillbirths	3%	0	0	0	0
Mean Gestational age (wks)	36±4	38±3	37±3	36±4	37±2
Prematurity (< 37 wks)	41%	27%	36%	50%	50%
Mean birthweight (g)	2562±832	2902±634	2735±718	2325±829	2849±751
Low birthweight (<2500 g)	40%	27%	29%	50%	50%
Neonatal death	2%	0	0	0	0
Rejection during pregnancy	11%	3%	14%	0	0
Graft loss within 2 yrs of delivery	7%	5%	10%	0	0

*includes twins

CONCLUSIONS: Successive pregnancies in liver transplant recipients are not associated with adverse fetal outcomes and/or increased maternal graft loss. Female liver recipients with excellent allograft function without significant recurrent disease or chronic rejection who wish to have more than one pregnancy should not be discouraged to conceive.

Abstract# 401

A Randomized Trial of Intra-Operative Biliary Stent at Orthotopic Liver Transplantation. Marylise Boutros,[1] Amy Neville,[1] Dionisios Vrochides,[1] Steven Paraskevas,[1] Prosanto Chaudhury,[1] Peter Metrakos,[1] Jean Tchervenkov,[1] Myriam Fernandez,[1] Marcelo Cantarovich,[2] Marc Deschenes,[2] Peter Ghali,[2] Philip Wong,[2] Jeffery S. Barkun.[1] [1]*Division of General Surgery, Department of Surgery, McGill University Health Centre, Montreal, QC, Canada;* [2]*Multi-Organ Transplant Program, Department of Medicine, McGill University Helth Centre, Montreal, QC, Canada.*

Purpose:

Biliary complications remain one of the most problematic issues in liver transplantation. Following a published series of cases, we hypothesized that placement of a biliary endoprosthesis at the time of orthotopic liver transplantation (OLT) will decrease the rate of early biliary complications (BC) and the need for biliary interventions after OLT.

Methods:

We conducted a randomized trial of direct operative placement of a biliary endoprosthesis in the choledocho-choledochal anastomosis (CCA) at the time of OLT. There was no difference in the post-operative management between stented and non-stented patients, except that stented patients underwent an ERCP at 6 weeks to remove it. BC were recorded and categorized in a blinded fashion. Univariate, multivariate and survival analyses were performed.

Results:

Over a 4.5-year period (2002-2007), 148 OLT recipients were randomized to receive a CCA with biliary stent (n=76) or CCA alone (n=72). Patients with hepatic artery thrombosis (n=8; 5.7%) were excluded. There was no significant difference in demographic or graft-related variables. The mean age at transplant was 55 years, 82% were male, the mean MELD was 21 and 23% had hepatitis C. The mean donor age was 46 years, 59% of donors were male, and the mean cold ischemia time was 8.7hrs. The only complication related to the biliary stent was one occlusion. The rate of overall BC in the stented patients was 24.7% vs. 32.8% in non-stented patients, (p=NS). However, stented patients had significantly less BC in the first 60-days post-OLT (6.8% vs. 21.0%, p<0.02) and significantly less anastomotic leaks (2.4% vs. 9.6%, p<0.05). Over the year following OLT, stented patients also required less biliary therapeutic interventions (mean 1.8 vs. 0.9 interventions/patient, p<0.04) and fewer readmissions (mean 2.8 vs. 1.6 readmissions/patient, p<0.01). We also observed improved late graft survival (>6mo) in the stented group.

Conclusions:

Intraoperative stenting of the CCA at OLT does not appear to reduce the long-term rate of BC but it decreases the incidence of biliary leaks and significantly improves many facets of early patient management.

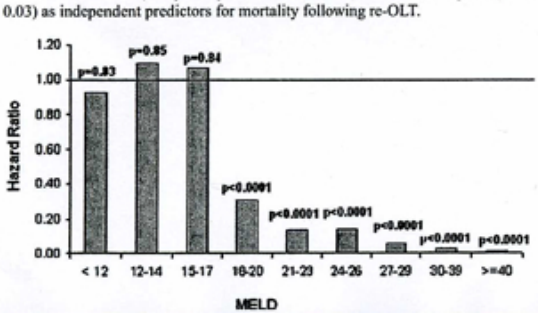
Abstract# 402

Is There Survival Benefit of Retransplantation of the Liver? A 23-Year Experience at a Single Center. Johnny C. Hong,[1] R. Mark Ghobrial,[1] Douglas G. Farmer,[1] Junming Xu,[1] Hasan Yersiz,[1] Jonathan R. Hiatt,[1] Ronald W. Busuttil.[1] [1]*Surgery, University of California Los Angeles, Los Angeles, CA.*

Background: Long-term outcomes after retransplantation of the liver (re-OLT) is inferior compared to primary OLT. However, the survival benefit of re-OLT based on Model for End Stage Liver Disease (MELD) is not known.

Methods: A single-center analysis of 421 adult patients who underwent re-OLT between February 1984 to February 2007 was performed. Survival benefits, at a given MELD score, were calculated by comparing re-OLT survival at 3 months to expected 3-month survival without retransplantation

Results: Of 421 pts, 380 underwent re-OLT, and 41 received 3 transplants. The figure shows re-OLT survival benefit at any MELD score with increased significance in patients with MELD scores ≥ 18. Although MELD scores 30-40 predicted the highest mortality after re-OLT, they also demonstrated survival benefit. Multivariate Cox regression identified cold ischemia time >10 hrs (RR 1.8, *P* 0.001), MELD 30-40 (RR 2.0, *P* 0.04), time from first OLT (8 days - 1 year, RR 1.8, *P* 0.02) and third transplant (RR 1.7, *P* 0.03) as independent predictors for mortality following re-OLT.



Results:

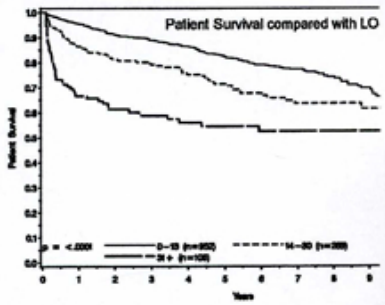
LOS group compared with MELD and I

LOS	Median MELD (n)	Median MELD with donor age 51-60	Medi with
<14 days	15 (973)	16 (245)	16
14-30 days	19 (285)	18 (98)	1
>30 days	22 (124)	23 (41)	2
P value	<0.0001	<0.0001	0

Results of Logistic Regression Anal

LOS >14 days c=0.836			LOS
Complication	Odds Ratio Estimate	95% confidence limits	Complication
Sepsis	5.647	2.686-11.874	Sepsis
Neurologic	5.456	3.301-9.020	Pulmonary
Biliary	4.440	2.68-7.356	Biliary
Other	4.422	3.015-6.846	Abdominal
Abdominal (other than liver)	3.451	2.192-5.435	Neurologic
Pulmonary	2.430	1.701-3.470	Other
Cardiac	2.335	1.207-4.518	
Vascular complication of liver allograft	1.839	1.096-3.088	
Endocrine	1.675	1.171-2.397	

Univariate analysis: Allograft dysfunction, vascular con intra-abdominal (other than liver), biliary, cardiac, pulmon and endocrine were statistically significant (p<0.001) usir Multivariate analysis: Using logistic regression, significant to determine the complications linked with LOS >14d an



Conclusions: Analysis of 1427 liver transplants demons increasing MELD in each donor age group (50-60, 61-7 >70, this relationship was not significant (p=0.2206). logistic regression determined odds ratio estimates for ca LOS >14 days and >30 days. LOS >14 days and LOS >3 different complications (as shown above). Allograft dysfu renal complications were not significant factors in multivari significantly decreased (p<0.001) with increased LOS >1

Abstract# 404

Recurrent Primary Biliary Cirrhosis after Li a Center Practicing Corticosteroid Minimiz

Liver Transplantation (OLT) in the United
s in the MELD Era. N. S. Becker,[1] C. A.
. Suarez,[1] N. L. Sussman,[1] J. M. Vierling,[1] R. J.
ael E DeBakey Department of Surgery, Baylor
on, TX.
have reported survival differences after orthotopic
minority racial groups. The current study examines
ned after implementation of the Model for End-Stage
n system.
OLTs performed from 2/2002-12/2005 were extracted
Organ Sharing (UNOS) database. Patient survivals
calculated and compared. Demographic and clinical
ivariate and multivariate analyses of patient survivals
Caucasian, 12.2% Hispanic, 8.9% African-American
-yr patient survivals were 85% and 77%. Stratified by
ivals differed from Caucasian (3-year survivals of 71%
Caucasians, African–American patients were younger
re more likely to be Status 1 (10.3% vs. 5.1%), to have
37% vs. 31%), to receive an multi-organ transplant
epatic failure (12% vs. 7%), to have a higher MELD
, to be in the ICU (16% vs. 11%), and to be ventilated
p-values <0.001. After adjustment for each of these
endent predictor of mortality (p=0.01, HR: 1.22, CI:
ysis of the African-American group (n=1481) alone
n 40 (p=0.001, HR: 2.5, CI: 1.49-4.17), a creatinine
2, HR: 1.6, CI: 1.18-2.10), and ICU admission pre-
I: 1.07-2.17) are independent predictors of mortality
D era, race is still a predictor of worse outcomes, even
nical variables. Further work is necessary to elucidate