



Original Article

The Biliary Complications in Live Donor Liver Transplant Do Not Affect the Long-Term Results[☆]

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A B S T R A C T

Introduction: Living donor liver transplantation (LDLT) is an effective treatment for patients with terminal chronic liver disease, despite the high incidence of biliary complications. The objective is to evaluate the results and long-term impact of biliary complications after THDV.

Patients and methods: From 2000 to 2010, 70 right lobe LDLT were performed. Biliary complications (leakage and stenosis) of the 70 LDLT recipients were collected prospectively and analysed retrospectively.

Results: 39 patients (55.7%) had some type of biliary complication. 29 presented a leak, and of these, 14 subsequently developed a stricture. In addition, 10 patients had a stenosis without prior leakage. The median time to onset of stenosis was almost a year. Patients with previous biliary leakage were more likely to develop stenosis (58% vs 29.5% at 5 years, $P=.05$). With a median follow-up of 80 months, 70.8% of patients were successfully treated by interventional radiology. After excluding early mortality, there were no differences in survival according to biliary complications. A decrease of biliary complications was observed in the last 35 patients compared with the first 35.

Conclusions: LDLT is associated with a high incidence of biliary complications. However, long-term outcome of patients is not affected. After a median follow-up time of nearly seven years, no differences were found in survival according to the presence of biliary complications.

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Las complicaciones biliares en el trasplante hepático de donante vivo no afectan los resultados a largo plazo

RESUMEN

Palabras clave:

Trasplante hepático
Donante vivo
Complicaciones biliares
Resultados

Introducción: El trasplante hepático de donante vivo (THDV) es un tratamiento eficiente para pacientes con hepatopatía crónica terminal, a pesar de la elevada incidencia de complicaciones biliares. El objetivo es evaluar los resultados y el impacto a largo plazo de las complicaciones biliares tras el THDV.

Pacientes y métodos: Desde 2000 hasta 2010, se llevaron a cabo 70 THDV usando el hígado derecho como injerto. Se recogieron prospectivamente y analizaron retrospectivamente las complicaciones biliares (fugas y estenosis) de estos 70 receptores de THDV.

Resultados: 39 pacientes (55,7%) presentaron algún tipo de complicación biliar. 29 presentaron una fuga y, de ellos, 14 desarrollaron posteriormente una estenosis. Además, 10 pacientes más presentaron una estenosis sin una fuga previa. La mediana de tiempo hasta la aparición de una estenosis fue de casi un año. Los pacientes con una fuga biliar previa presentaron una mayor probabilidad de desarrollar una estenosis (58% vs 29,5% a 5 años, $p = 0,05$). Con una mediana de seguimiento de 80 meses, 70,8% de los pacientes fueron tratados satisfactoriamente mediante radiología intervencionista. Tras excluir la mortalidad inicial, no hubo diferencias de supervivencia en función de las complicaciones biliares. Se observó una disminución de las complicaciones biliares en los segundos 35 pacientes en comparación con los primeros.

Conclusiones: El THDV está asociado a una incidencia elevada de complicaciones biliares. Sin embargo, los resultados a largo plazo de los pacientes no se ven afectados. Tras un tiempo de seguimiento mediano de casi siete años, la supervivencia en función de la aparición de complicaciones biliares permaneció sin diferencias.

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Introduction

The introduction of living donor liver transplantation (LDLT) was determined by the need to increase the number of grafts in order to perform more transplants and reduce deaths on the waiting list. In the East, LDLT became the only option because of the virtual absence of cadaveric donation. However, in the West, LDLT has become another alternative within the organisation of donation programmes. To date, LDLT has had limited application primarily because of the risk to the donor which may end with significant morbidity and mortality.¹⁻⁴ Furthermore, the results published in LDLT series are often controversial, as this type of transplant is associated with an increased morbidity and occasionally decreased survival.

One aspect that seems to compromise the long-term outcome of this type of transplantation is the high incidence of biliary complications.^{5,6} The characteristics of this type of complication seem different from those reported in liver transplants from cadaveric donors.⁷ Biliary anastomoses in LDLT are characterised by the frequent presence of more than one small bile duct, which complicates anastomosis due to its proximity to the portal vein and the hepatic artery. These aspects increase the complexity of the procedure and significantly increase the difficulty in treating complications.⁸⁻¹² However, despite the high incidence of biliary complications; recently published series show no impact on results.¹³

Although the existence of these complications has been widely described in literature,^{5,8,14} the characteristics in terms

of long-term prognosis and treatment have not yet been specifically described. Similarly, the influence on results in the long-term has not been clearly established.

The objective of this study was to evaluate the impact of biliary complications on the overall results in the long-term, as well as in relation to the type of treatment performed.

Patients and Methods

The liver transplant programme at the Hospital Clínic de Barcelona was begun in 1988. Since then, over 1600 liver transplants have been performed. Since the beginning of the LDLT programme, in the year 2000, 70 procedures have been performed. This study analyses biliary complications in the 70 LDLT cases in our institution, which up to the present has had an immediate retransplantation rate of 1.4% (one patient) and long-term retransplantation rate of 2.8% (2 patients). All biliary complications described in this study are associated with the use of a right liver graft from the donor.

This work is an observational study with prospectively collected data, in order to retrospectively analyse the overall incidence of biliary complications. A total of 70 patients underwent LDLT, representing 4.4% of the overall series of liver transplant patients.

Details of the Surgical Procedure

All patients received the right liver graft of their donor (liver segments V to VIII) without the middle hepatic vein, which

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