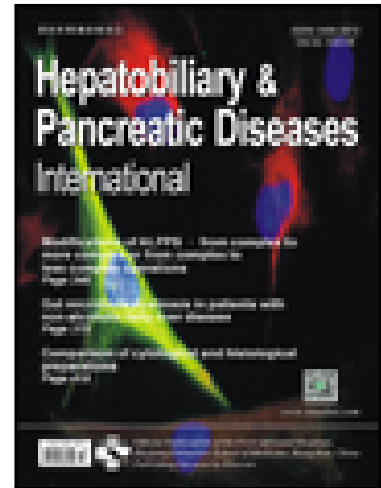


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Is low postoperative cholesterol level really an independent risk factor of adverse outcomes after living donor liver transplantation?



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Letters to the Editor**Running title: Low postoperative cholesterol level and adverse outcomes after LDLT****Is low postoperative cholesterol level really an independent risk factor of adverse outcomes after living donor liver transplantation?****To the Editor:**

We read with great interest the article by Yang et al.[1] evaluating the effects of postoperative serum total cholesterol (sTC) changes on early allograft dysfunction and survival after living donor liver transplantation (LDLT). By multivariate regression analysis, they showed that patients with sTC <1.42 mmol/L on postoperative day 3 had 4.08-fold and 2.72-fold greater risks of developing allograft dysfunction and 90-day mortality, and patients with sTC <1.42 mmol/L had poorer overall recipient and graft survival rates at 1-, 3-, and 5-year compared with those with sTC \geq 1.42 mmol/L. Thus, they concluded that postoperative sTC <1.42 mmol/L is an independent risk factor of short- and long-term adverse outcomes after LDLT. However, this is a retrospective study, which can introduce a number of potential confounders. Other than the limitations described in discussion section, we noted that some methodological issues seem important to avoid any optimistic interpretation or misinterpretation of results.

First, both preoperative medical conditions and surgery burden are important determinants of adverse short- and long-term outcomes after LDLT. In this study, compared with patients with a high postoperative sTC, patients with a low postoperative sTC had a higher preoperative Model for end-stage liver disease (MELD) score, higher rates of fulminant hepatic failure, hepatorenal syndrome, more severe tumor diseases, and more intraoperative blood transfusion and blood loss.

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