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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

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(Reply to HBPDINT 18-0080)

## The Author Reply:

We thank Dr. Fu-Shan Xue et al. for the opportunity to discuss the article we recently published in *Hepatobiliary Pancreat Dis Int* [1]. They claim that the study setting is not strong enough to prove the statistical association between a low postoperative sTC and increased postoperative adverse outcome.

It is true that many different factors can affect outcomes after living donor liver transplantation (LDLT). Recipient and donor characteristics as well as intraoperative and postoperative complications may lead to adverse short- and long-term outcomes. Actually, we have taken well-known risk factors affecting postoperative outcome including recipient, donor and intraoperative aspects in our univariate analysis. Eight of the examined variables related to postoperative early allograft dysfunction (EAD) based on the univariate analysis were entered into the multivariate analysis. And in this study setting, postoperative complications set as the outcome parameters were not taken into the univariate analysis and multivariate analysis model.

In this study, we found that sTC levels dropped immediately to the valley on postoperative day (POD) 1, and started to increase from POD2 and reached the preoperative level on postoperative week 2. Based on stratification by EAD, sTC level in patients without EAD had a remarkable and persistent increase, while sTC level in patients with EAD had a slight increase and did not reach the preoperative sTC level until postoperative week 4. It is reasonable to further clarify the role of postoperative sTC on predicting postoperative adverse outcome. The ROC curve analysis is the well-known method to assess the predictive ability of a biomarker and to establish the Download English Version:

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