Belgian Transplantation Society

# Annual Meeting 2012

*Thursday, 29 March 2012*

# PROGRAMME & ABSTRACTBOOK

*Palace of Academies*
*Hertogsstraat / rue Ducale 1*
*1000 Brussels*

*www.transplant.be*

## *09h00* Free Communication (Session 2 – Auditorium *"Albert II"*) (7 x 12 min)

*[chairmen: V. Donckier and B. Keymeulen]*

see p. 10

*Liver – Kidney-Pancreas*

. **Ghisdal L**, Coppieters W, Lebranchu Y, Alamartine E, Le Meur Y, Touchard G, Glowacki F, Essig M, Merville P, Ajarchouh Z, Dinic M, Massart A, Georges M, Abramowicz M, Abramowicz D. Genome-wide association study identifies 13 loci associated with acute T-cell rejection in caucasian renal transplant patients.

. **Naesens M**, Kuypers D, De Vusser K, Vanrenterghem Y, Lerut E. Cluster analysis shows that chronic damage in early indication biopsies predicts long-term graft survival, while early active inflammation does not.

. **Vanden Bussche S**, Jochmans I, Heedfeld V, Francois JS, Desschans B, Van Helleputte G, Grossen N, Claes D, De Roey J, Dirix S, Aerts R, Laleman W, Van der merwe S, Verslype C, Cassiman D, Vansteenbergen W, Nevens F, Pirenne J, Monbaliu D. Outcome after liver transplantation using donation after cardiac death donors: a single-center experience.

. **Kianda M**, Wissing KM, Maddhoun P, Hougardy JM, Broeders N, Massart A, Benahmed A, Vereerstraeten P, Hoang AD, Racapé J, Abramowicz D. Does loss to follow-up affects outcomes of renal transplantation ? A retrospective study of 849 patients.

. **Darius T**, Rivera J, Lai Q, Fusaro F, de Magnée C, Ciccarelli O, Janssen M, Lerut J, Reding R. Surgical REDO as first treatment option for anastomotic biliary complications after pediatric liver transplantation.

. **LeDinh H**, Weekers L, Bonvoisin C, Krzesinski JM, Monard J, DeRoover A, Squifflet JP, Meurisse M, Detry O. Delayed graft function does not harm the future of donation-after-cardiac-death kidney transplants.

. **Montalti R**, Mimmo A, Rompianesi G, Cautero N, De Ruvo N, Ballarin R, D'Amico G, Tarantino G, De Pietri L, Gerunda GE, Di Benedetto F. Prognostic value of the absence of viable HCC in native liver as a new predictor of tumor recurrence after liver transplantation.

---

***10h30*** COFFEE BREAK (Galerie de Marbre)

---

## *11h00* State of the Art Lectures (Auditorium *"Albert II"*)

*[chairman: J. Pirenne and R. Troisi]*

. **Gruessner R** (University of Arizona). Pancreas Transplantation past present and future (40 min)

. **Blondeel Ph** (University of Ghent). Report of the first face transplantation in Ghent. (20 min)

**DELAYED GRAFT FUNCTION DOES NOT HARM THE FUTURE OF DONATION-AFTER-CARDIAC-DEATH KIDNEY TRANSPLANTS.**

LeDinh H, Weekers L, Bonvoisin C, Krzesinski JM, Monard J, De Roover A, Squifflet JP, Meurisse M, Detry O. CHU de Sart-Tilman, Service de Chirurgie Abdominale et Transplantation, 4000 Liège, Belgium.

**Introduction:** Delayed graft function (DGF) occurs more frequently in kidney transplants from donation after cardiac death (DCD) than from donation after brain death (DBD). We investigated the effect of DGF on post-transplant outcomes in controlled DCD kidney grafts.
**Patients and Methods:** This single-center retrospective study recruited 80 controlled DCD kidney allografts which have been performed at the University Hospital of Sart Tilman, University of Liège, from Jan 2005 to Dec 2011.
**Results:** Mean patient follow-up was 28.5 months. No primary non-function grafts were encountered. DGF rate was 36%. Overall graft survivals between groups with and without DGF were 92.4% and 95.1% at 1 year, 92.4% and 91.7% at 3 years, and 84.7% and 91.7% at 5 years (p=ns), respectively. Patients with and without DGF had the same survival rates at the corresponding time points (92.4% and 97.1%, 92.4% and 93.7%, and 84.7% and 93.7%, p=ns, respectively). Estimated glomerular filtration rate (eGFR) was significantly lower in DGF group compared to non-DGF group at hospital discharge (29 vs 42 ml/min, p=0.001) and up to 1 year post-transplant (46 vs 53 ml/min, p=0.045), but the difference disappeared afterwards (50 vs 48 ml/min at 3 years, and 54 vs 53 ml/min at 5 years, p=ns). DGF did not increase the risk of acute rejection or surgical complications. 29.6% of recipients with DGF developed acute rejection (biopsy-proven rejection and clinically suspected rejection) compared with 29.2% of recipients without DGF (p=ns). The rate of all surgical complications was 33.3% and 25% in recipients with and without DGF (p=ns). However, DGF prolonged significantly the length of hospitalization in DGF than non-DGF group (18.9 vs 13 days, p=0.000). Donor BMI ≥ 30 kg/m$^2$, recipient BMI ≥ 30 kg/m$^2$ and pre-transplant dialysis duration increased the risk of DGF in a multivariate logistic regression analysis.
**Conclusions:** Apart from longer hospital stay, DGF had no deleterious impact on the future of DCD kidney allografts. Comparable graft and patient survival, renal function, rejection rate and surgical complications were observed between groups with and without DGF.

**PROGNOSTIC VALUE OF THE ABSENCE OF VIABLE HCC IN NATIVE LIVER AS A NEW PREDICTOR OF TUMOR RECURRENCE AFTER LIVER TRANSPLANTATION.**

Montalti R, Mimmo A, Rompianesi G, Cautero N, De Ruvo N, Ballarin R, D'Amico G, Tarantino G, De Pietri L, Gerunda GE, Di Benedetto F. Chirurgia dei Trapianti, Policlinico di Modena, Modena, Italy.

**Introduction:** Prognostic factors for hepatocellular carcinoma (HCC) recurrence after liver transplantation (LT) are still a matter of debate. The absence of viable tumor in the native liver, due to high effectiveness of pre-LT loco-regional treatments or liver resection, is an intriguing prognostic factor that had never been evaluated before.
**Patient and methods:** Between 11/2000 and 10/2010, 196 LT were performed in patients with evidence of HCC on cirrhosis. Forty-six patients (23.5%) did not show any evidence of active residual HCC in native liver (Group NVH) while 150(76.5%) patients, showed a viable HCC (Group VH). All patients in Group NVH were treated before LT with a multimodal approach combining TACE, liver resection, RFA, PEI or Sorafenib, whereas in Group VH, 104 of the 150(69.3%) patients received bridging therapy (p<0.001).
**Results:** HCC recurrence occurred in none patients in Group NVH (0%) and 23(15.3%) patients in Group VH (p=0.007). Liver resection was the best pre-LT treatment able to obtain the no viable HCC at explanted liver.
**Conclusions:** The histological absence of viable HCC in native liver after LT, due to the high effectiveness of pre-LT bridging treatments, is a high positive prognostic factor against HCC recurrence after LT.