LIVER TRANSPLANTATION IN JEHOVAH'S WITNESSES. O. Detry, A. De Roover, J. Delwaide, P. Damas, A. Kaba, J. Joris, M. Meurisse, P. Honoré. Dpt of Liver Surgery and Transplantation, CHU Sart Tilman B35, Liège, Belgium.

Background : For religious reasons, Jehovah's witnesses (JW) refuse transfusions of any blood product, including autologous or homologous predonated blood, platelets, fresh frozen plasma, coagulation factor concentrates. However they may accept solid organ transplantation. In this paper the authors present their experience of liver transplantation (LT) in JW. Methods : In a 3-year period, 18 JW patients were evaluated for LT. A hematocrit of 40% and a platelet level of 75.000 /mm3 were considered as the minimal acceptable levels for LT. All patients received perioperative iron supplementation and erythropoietin. Two patients had percutaneous spleen embolisation to increase platelet level. High dose aprotinin was given during LT to limit fibrinolysis and meticulous surgical hemostasis was achieved using argon beam coagulation. Continuous circuit cell salvage and reinfusion whereby scavenged blood was maintained in continuity with the patient's circulation, was used. Veno-venous bypass was avoided during LT to minimize the coagulation disorders. Two patients received recombinant factor VIIa during liver dissection and at reperfusion.
Results : Five patients were not considered for LT for various reasons. 13 were accepted but 4 died from complications of liver failure while they were in administrative and medical preparation for LT, before being listed. They had been looking for a center accepting to transplant them since more than 6 months and were in Child C when seen in our center. Two did not get approval from their health care system to get LT in the authors' center and were not transplanted in their own country, as they did not find any center agreeing to transplant them. Seven patients were listed for LT and were successfully transplanted. Four of them were in CHILD C. Five received a cadaveric liver graft and 2 a right lobe from a live related donor. All adult patients were treated according to the patients' beliefs. One 6-y-old child received one unit of blood 15 days after LT, because of symptomatic deep anemia secondary to peritonitis due to perforated gastric ulcer. One patient died from aspergillosis and all other patients are alive and well at follow-up.
Conclusion : LT may be successful in carefully prepared JW patients who should not be a priori excluded from this life saving procedure.

A PROSPECTIVE OPEN, SINGLE ARM, PILOT TRIAL TO ASSESS THE SAFETY AND EFFICACITY OF ORLISTAT IN OBESE LIVER TRANSPLANT PATIENTS. F. Nevens (1), G. Vandeplas (1), E. Muls (2), M. Roelands (2), C. Verslype (1), R. Aerts (3), J. Fevery (1), J. Pirenne (3). (1) Hepatology ; (2) Endocrinology ; (3) Abdominal Transplantation Surgery, KU Leuven/UZ Gasthuisberg, Leuven.

Background : Obesity an increasingly frequent problem after liver transplantation (LT), decreases patient survival. Orlistat is an approved treatment for obesity but its safety and efficacity in LT has not been explored.
Study population : patients transplanted > 1 y with a BMI > 30, despite an hypocaloric regime for > 6 months ; 20 pts were selected, 19 started. Immunosuppression : tacrolimus or cyclosporine ± azathioprine or mycophenolate. Treatment duration : 6 months 120 mg orlistat tid followed by 120 mg ed during 3 m and further follow up until 12 m. Treatment was interrupted after 3 m if BMI did not change.
Results : Treatment was well tolerated ; adaptation of tacrolimus was necessary in 6/15 pts (dosis reduction in 5 pts) and in 2/4 pts under cyclosporine) ; no biochemical toxicity was observed. 3/19 pts were non responders. Evolution of BMI till end of treatment : 33.8 ± 4.3 to 30.7 ± 4.1 ($p=0.04$) ; 3/16 had rapid weight gain after interruption of treatment ; 13/19 pts had a sustained response : evolution of BMI in this group : t_0 33.5 ± 4.4, t_{12m} 29.8 ± 3.8 ($p<0.01$) and waist circumference cm : t_0 111.7 ± 11.1, t_{12m} 96.3 ± 9.5 ($p<0.01$).
Conclusion : Orlistat is safe after LT. Minor dosis adjustments of immunosuppression are required. In 68% a sustained weight loss was observed with a follow-up of 6 months.