LACK OF EVIDENCE OF SIGNIFICANT EFFECT OF PIRECETAM ON VIROLOGICAL AND BIOLOGICAL RESPONSE IN PATIENTS WITH CHONIC HEPATITIS C NON RESPONDING TO A PREVIOUS INTERFERON THERAPY. P. Langlet (1), L. Lasser (2), J. Delwaide (3), P. Denis (4), M. Talib (2), M. Dereuck (2), F. Dunham (5), J. Otero (1), P. Marliere (5), J. Nyst (1), C. Jonas (2), E. Dekoster (2). (1) CHIREC and CHU Brugmann, ULB ; (2) CHU Brugmann, VUB-ULB ; (3) CHU Sart Tilman, ULg ; (4) CHU Brugmann, ULB ; (5) CHIREC, ULB.

Introduction : It was suggested in the press* that Piracetam could have anti-viral effect namely against the virus HCV, HBV and HIV. These suggestions were based on conformational studies** showing that Piracetam has properties similar to those of the fusion peptide of viral proteins, interacts with lipids and hereby has beneficial effects on several symptoms of Alzheimer's disease. It was postulated that the potential anti-HCV role could be explained by a stabilization of the lipid membranes of hepatocytes. Early biological and virological effects of Piracetam were investigated in non IFN-responders HCV+ patients (NR).
Methods : 8 NR patients (3F/5H, median age 59 years) were included in this study to receive Piracetam (4.8 g/d) during 3 months. Serum quantitative HCV RNA and ALT level were analyzed at baseline and after 3 months of Piracetam therapy (T-test was used for dependent samples).
Results : 75% pts were infected with genotype 1 (1pt with genotype 3 and one with genotype 4). No side effect was seen during therapy. No significant biological ALT effect (p=0.88 NS) and virological effect (p=0.95 NS) were observed after 3 months of therapy. 37,5% (3/8 pts) and 0% had a significant increase of respectively ALT level and HCV viral load after 3 months therapy.
Conclusions : No evidence of biological and virological effects of Piracetam in monotherapy were observed in patients with chronic HCV non-responders to a previous IFN-therapy.

* Le Soir, janvier 2003 and TV News-RTBF 1/03
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LIVING RELATED LIVER TRANSPLANTATION IN ADULTS : FIRST YEAR EXPERIENCE AT THE UNIVERSITY OF LIEGE. O. Detry, A. De Roover, J. Delwaide, J. Joris, M. Meurisse, P. Honoré. Dpt of Liver Surgery and Transplantation, CHU Sart Tilman B35, B4000 Liège.

Living related liver transplantation (LRLT) has been recently developed for adult recipients, but puts the donors at risk of serious post-operative complications, or even death. The aim of this paper is to report the prospective evaluation of the first of year experience of adult LRLT at the University of Liège. Between March 2002 and March 2003, in a consecutive series of 35 adult liver transplantations, 5 recipients (mean age : 51 years) underwent LRLT, including one retransplantation. Indications for LT were autoimmune hepatitis, HBV cirrhosis with hepatocarcinoma (2 cases), HCV cirrhosis with hepatocarcinoma, and ischemic intrahepatic bile duct necrosis 10 years after primary LT. Mean age of the donors was 34 years (range : 21-53 years). All cases were intra familial at first degree. The right lobe was used as a graft in four cases and the left lobe in one case. All right lobe donors developed transient hyperbilirubinemia and hypocoagulation for 4 to 6 days. No severe complication (transfusion, bile duct fistula, reintervention, rehospitalization) was observed in the donors. One donor suffered from bladder retention with secondary E. Coli infection, treated by oral antibiotics. In the recipients, graft function was immediate, and there was no small-for-size syndrome. One patient had biliary fistula treated by reoperation. One recipient died from invasive aspergillosis 11 days after the procedure. The 4 others recipients were alive without recurrence of the disease at follow-up. As a conclusion, LRLT may be an alternative to cadaveric LT in the organ donor shortage era. However risks are real and significant for the donors.