

[BO98] IS ULTRA-SHORT COLD ISCHEMIA THE KEY TO ISCHEMIC CHOLANGIOPATHY AVOIDANCE IN DCD-LT?

Authors: Olivier Detry^{1, 2}, Arnaud Deroover^{1, 2}, Samir Cheham^{1, 3}, Hieu Le Dinh^{1, 3}, Carla Coimbra^{1, 3}, Emmanuel Decker^{1, 3}, Laurent Kohnen^{1, 3}, Marie-Hélène Delbouille^{1, 4}, Jean Joris^{1, 5}, Sevrine Lauwick^{1, 3}, Abdour Kaba^{1, 3}, Jean Delwaide^{1, 2}, Michel Meurisse^{1, 6}, Pierre Honore^{1, 5}

Affiliations: University of Liege, CHU Liege¹, Assistant Professor², Physician³, Coordinating nurse⁴, Associate Professor⁵, Head of Department⁶

Introduction: Donation after circulatory death (DCD) donors have been proposed to partially overcome the organ donor shortage. DCD-LT remains controversial, with reported increased risk of ischemic cholangiopathy leading to graft loss. The authors retrospectively reviewed a single centre experience with DCD-LT in a 9-year period.

Patients and Methods: 70 DCD-LT were performed from 2003 to November 2012. All DCD procedures were performed in operative rooms. Median donor age was 59 years. Most grafts were flushed with HTK solution. Allocation was centre-based. Median total DCD warm ischemia was 19.5 min. Mean follow-up was 36 months. No patient was lost to follow-up.

Results: Median MELD score at LT was 15. Median cold ischemia was 235 min. Median peak AST was 1,162 U/L. Median peak bilirubin was 31.2 mg/dL. Patient and graft survivals were 92.8% and 91.3% at one year and 79% and 77.7% at 3 years, respectively. One graft was lost due to hepatic artery thrombosis. No PNF or graft loss due to ischemic cholangiopathy was observed in this series. Causes of death were malignancies in 8 cases.

Discussion: In this series, DCD LT appears to provide results equal to classical LT. Short cold ischemia and recipient selection with low MELD score may be the keys to good results in DCD LT, in terms of graft survival and avoidance of ischemic cholangiopathy.