improved graft arterial reperfusion and mitigates ischemia-reperfusion injury and complications associated with small vessel thrombosis. We will continue to follow these patients in order to describe the long term outcomes of this technique.

BO96 IMPROVING OUTCOMES IN LIVER TRANSPLANTATION UTILIZING DONATION AFTER CARDIAC DEAHT: A SINGLE CENTER EXPERIENCE

Humberto Bohorquez, Adam Kressel, Ari Cohen, David Bruce, Ian Carmody, Trevor Reichman, George Loss
Ochsner Clinic Foundation

Donation after circulatory death (DCD) has increased the number of liver transplants (LT) but its utilization have been limited due to lower graft and patient survival rates compared with LT using donation after brain death (DBD).
Materials and Methods: To compare our DCD LT and DBD LT outcomes, we performed a retrospective study that included 600 adult patients who had a primary, solitary liver transplant between January 2006 and June 2012. Kaplan-Meier curves were used for statistical analysis.
Results: Sixty-five (10.8%) were DCD LT. Median follow-up was 22 months (range 3–66). No demographic differences were observed between both groups. At 1 and 3 years after LT, patient survival was 94.3% and 85.7% in DCD patients vs. 93.3% and 89.5% in DBD patients. Graft survival at 1 and 3 years after LT was 83.0% and 71.4% in DCD patients vs. 88.3% and 83.7% in DBD patients. Seven DCD patients (10.7%) patients were retransplanted. Biliary ischemia was observed in three patients and was associated to hepatic artery thrombosis (HAT) although the incidence of HAT was similar between both groups. Several techniques as retrograde hepatic vein flushing, use of tpa and verapamil have been implemented.
Conclusion: In our experience, DCD LT yields patient and graft survival rates comparable to DBD LT survival rates. Low incidence of ischemic cholangiopathy suggests that new technical and appropriate donor-recipient matching decreased the frequency of this complication.

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

Olivier Detry, Arnaud Deroover, Samir Cheham, Hieu Le Dinh, Carla Coimbra, Emmanuel Decker, Laurent Kohnen, Marie-Hélène Delbouille, Jean Joris, Sevrine Lauwick, Abdour Kaba, Jean Delwaide, Michel Meurisse, Pierre Honore
University of Liege, CHU Liege

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: Seventy 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 1162 U/l. Median peak bilirubin was 31.2 mg/dl. Patient and graft survivals were 92.8% and 91.3% at 1 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 eight 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.

BO99 SHOULD WE LIMIT THE DONOR AGE IN LIVER TRANSPLANTATION? HISTORY OF A 100 YEARS LIVER

Oscar C. Maestro, Manuel Abradelo, Carlos J. Romero, Naim F. Gomez, Alejandro M. Municio, Edurne Alvaro, Jorge C. Pulido, Alvaro G. Sesma, Rebeca S. Mateos, Felix C. Molero, Cristina A. Torrado, Sandra G. Aroz, Carmelo L. Segurola, Enrique M. Gonzalez
Hospital 12 De Octubre

Background: Ortothopic liver transplantation (OLT) is the main treatment in patients with end-stage liver disease. At present, the increase of patients on waiting list has forced to look for several alternatives to expand the donor pool. The use of liver grafts from aged donors is an excellent alternative in selected recipients.
Case Report: We report the case of a 59 year old male who underwent OLT because alcoholic and VHB cirrhosis (Child C, and MELD 12). In 1998, when he was 44 years old, OLT was performed using a 85 year old graft from brain death donor. The donor was in the intensive care unit only 48 h without hemodynamic inestability episodes and without vasoactive drugs requirements. A graft biopsy revealed the absence of steatosis. OLT was performed with a cold and warm ischemia mean times of 210 and 45 min, respectively. The postoperative course was uneventful and the patient was discharged home on the 15th post-transplant day. At present time, 15 years later, the patient is asymptomatic with normal graft function and tacrolimus monotherapy.
Conclusions: The use of aged liver grafts is a good alternative to increase the donor pool.

BO100 IS OLD DONOR AGE A CONTRAINDICATION FOR SPLIT? SINGLE CENTRE EXPERIENCE IN 441 CONSECUTIVE SPLIT LIVER TRANSPLANTATION

Marco Platto, D. Pinelli, M. Guizzetti, E. Marini, M. Zambelli, A. Aluffi, V. Corno, M. Bravi, L. D'Antiga, M.G. Lucà, A. Baldan, V. Sonzogni, E. Bonanomi, M. Colledan
Azienda Ospedaliera Giovanni XXIII

Background: Split liver transplantation (SLT) realises two grafts from a single cadaver liver. It is an accepted method to increase pediatric graft availability without compromising the donor pool. Advance donor age is generally considered a contraindication for SLT with limits ranging between 45 and 50 years. We analyzed the outcome of 441 consecutive liver transplants performed in 376 recipients (42 adults and 334 children) using split grafts at a single centre between Nov 1997 and Feb 2013.
Methods: Data were collected prospectively and analysed retrospectively. All donors were brain dead and the livers were splitted in situ except 4. We considered young donors (YD) up to 50 years and old donors (OD) above 50 years.
Results: YD median age was 22.6 years (range 10.2–49.9) and OD median age was 54.81(range 50.1–66.3). YD were used in 388 SLT (48 for Acute Liver Failure -ALF-) and OD in 53 (8 for ALF). The median age at transplantation was 2.6 years for children (range 22 days – 17.4 years) and 47.6 years for adults (range 20.5–63.9). 376 grafts were used for primary transplant, 65 grafts were used for retransplantation, in 48 of these the primary transplant had been with a split graft too. Fifty-six SLT were performed for ALF with a median waiting time of 3 days (range 0–22) and 385 for chronic liver failure with a median waiting time of 37 days (range 0–2.6 years). The median Total Ischemia Time was 395 min (range 50–810 min). With a median post SLT follow up of 5.7 years (range 1 day – 15.3 years), patient and graft survival rates for recipients of YD livers were 89%, 77%, 63% and 81%, 68%, 56% at 1,5,10 years respectively. For recipients of livers from OD they were 89%, 75%, 60% and 82%, 70%, 50% respectively. The differences between the two groups were not significant.
Conclusion: This results didn't show any statistical difference between recipients of livers from OD and YD. Donor age above 50 years shouldn't be considered as an absolute contraindication to SLT.