Alcoholic liver disease: When to consider liver transplantation?

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LTx for alcoholic liver disease
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Characteristics

• Usually easy mid- and long term post transplant course
• Low risk of rejection
• Low risk of transplant failure even if there is some degree of alcohol relapse
• Ideal for extended criteria donors
  - age
  - DCD donation
Abusive Drinking After Liver Transplantation Is Associated With Allograft Loss and Advanced Allograft Fibrosis

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In patients who undergo liver transplantation for alcoholic liver disease (ALD), alcohol relapse is common. A return to abusive or excessive drinking likely decreases overall survival; however, the effects of alcohol use on allograft outcomes and histopathology are less well defined. We reviewed all cases of liver transplantation with ALD as an indication between January 1, 1995 and December 31, 2007. Allograft outcomes and histopathological results were compared for patients who relapsed into alcohol use and patients who maintained abstinence. Three hundred patients who underwent transplantation for ALD during this period survived at least 1 year, and 48 (16.0%) relapsed into alcohol use that came to clinical attention. The pattern of relapse was a single event for 10 patients (20.8%), intermittent relapses for 22 patients (45.8%), and continuous heavy drinking for 16 patients (33.3%). Continuous heavy drinking was associated with allograft loss in a univariate Cox proportional hazards analysis (hazard ratio (HR) 5 2.43, 95% confidence interval (CI) 5 1.26-4.68, P 5 0.008) and in a multivariate Cox proportional hazards regression (HR 5 2.57, 95% CI 5 1.32-5.00, P 5 0.006). A matched-pair analysis that controlled for the hepatitis C virus status and the time to biopsy compared the results of allograft histopathology for patients who relapsed into alcohol use and patients who maintained abstinence. Significant steatosis (odds ratio (OR) 5 3.46, 95% CI 5 1.29-9.31, P 5 0.01), steatohepatitis (OR 5 6.2, 95% CI 5 1.70-22.71, P 5 0.006), and advanced (stage 3 or higher) fibrosis (OR 5 23.18, 95% CI 5 3.01-177.30, P 5 0.003) were associated with alcohol relapse. In conclusion, alcohol relapse after liver transplantation (particularly heavy drinking) is associated with decreased graft survival and advanced allograft fibrosis.
Indication

• Well accepted indication in patient with a 6 month abstinence

• 6 month abstinence rule
  - easy for the doctors
  - decrease the risk of alcohol relapse after LTx
  - allow liver recovery
Indication

• MELD score > 14
• MELD score < 14 but
  
  - HCC within Milan (SE)
    or outside Milan criteria
  
  - Refractory ascitis and/or HRS
  
  - Encephalopathy

  - Other rare complications
Particularities - Comorbidities

- alcoholic cardiomyopathy
- pancreas, kidney
- tobacco abuse
  - lung K
  - mouth, pharynx, esophagus, bladder K
  - arteriosclerosis
- Nutrition
- neuropathy, myopathy
- Compliance
Problems

• definition of alcoholism
• alcoholism and other liver disease
  - viral HCV
  - steatohepatitis and metabolic syndrome
• 6 month rule
• HCC & the 6 month rule
• What should we do < 6 months ???
  - chronic patient
  - alcoholic hepatitis
Ethical Issue

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Change of MELD allocation?

• Perfect DBD liver graft:
  - young or old recipient
  - Any indication (alcohol, PSC, HCV)

• Extended criteria (age, DCD) liver graft
  - alcoholic recipient
Ethical Issues

• Public perception and confidence
• Medical personnel perception
• Who can decide to whom a liver can be transplanted?
• Who “deserves” to be transplanted?
• Should we change our allocation rules?
Ethical Issues: alcoholic hepatitis

- Directly at the top of the list
- New indication vs donor pool
- ULB study & experience
- Necessity of a randomized study
Kaplan–Meier Estimates of Survival in the 26 Study Patients and the 26 Best-Fit Matched Controls.

Thank you!