undergoing first liver transplantation; comparison of Tacrolimus once daily to twice daily; The primary outcome was the patient adherence to the medication regime. Secondary outcomes were as follows: safety (measured as rate of medication complications), graft survival and pharmacokinetics. Taking clinical heterogeneity in trial participants and treatments into account, a random-effect model was chosen for the meta-analyses.

Results: Change of the immunosuppression regime showed improved adherence of patients according to individual criteria and the Basel Assessment of Adherence Scale to Immunosupressives. There was no statistically significant increase in Serious Adverse Events (SAEs) or rejection.

Conclusion: Based on validated adherence evaluation and SAEs the change in Tacrolimus-based immunosuppression is safe and promotes adherence in liver transplant patients.
HDL. Two patients did not develop any mscDSA throughout the follow-up, and one of them did not receive any allo-transfusion. MFI of detected mscDSA were not significantly different from MFI of other detected HLA Ab. In control group, 3 patients were sensitized pre-transplant, and 6 patients developed de novo HLA after four years of these high sensitivity mscDSA.

Conclusion: In the large pool of HLA Ab identified in LTR post transplant, the detection of mscDSA is most likely caused by allo-transusions rather than related to MSC infusion. Further studies are required to confirm that MSC are “immune privileged”.

**PLB052**

IMPACT OF DONOR-RECIPIENT GENETIC RELATIONSHIP ON OUTCOME OF LIVING DONOR LIVER TRANSPLANTATION. A SINGLE CENTER EXPERIENCE

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Introduction: Living donor liver transplantation (LDLT) is a valuable option for expanding donor pool, especially in localities where deceased organ harvesting is not allowed. In addition, rejection rates were found to be lower in LDLT, which is attributed to the fact that LDLT is usually performed between relatives. However, the impact of genetic relation on the outcome of LDLT hasn’t been studied. In this study, we examined the difference in rejection rates between LDLT from genetically related (GR) donors and genetically unrelated (GUR) donors.

Patients and Methods: All cases that underwent LDLT during the period from May 2004 till May 2014 were included in the study. The study group was divided into 2 groups: LDLT from GR donors and LDLT from GUR donor.

Results: Three-hundred and eight patients were included in the study; 214 from GR donors and 94 from GUR donors. HLA typing wasn’t included in the workup for matching donors and recipients. GR donors were wifes (36; 11.7%), sons in law (7; 2.3%), brothers in law (12; 3.9%), sisters in law (1; 0.3%) and unrelated (38; 12.3%). The incidence of acute rejection in GR group was 17.4%, and in GUR group was 26.3% (p-value = 0.07). However, there was a significant difference in the incidence of chronic rejection between the 2 groups; 7% in GR group and 14.7% in GUR group (p-value = 0.03). In terms of overall survival, there was no significant difference between both groups.

Conclusion: LDLT from GR donors is not associated with higher incidence of ACR. However, CR was significantly lower when grafts are procured from GR donors. HLA matching may be recommended before LDLT from GUR donors.

**PLB053**

RESULTS OF BILIARY COMPLICATIONS WITH THE USE OF LIVER GRAFTS FROM 70 TO 94 YEARS

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Introduction: The incorporation of the use of grafts from marginal donors, elderly donors, as a good source of production, under a very careful prior selection process. However, it currently its use is limited for fear of obtaining poor results, being a challenge despite the results observed so far.

Methods: A retrospective, longitudinal, comparative and uncenteric study of patients transplanted with hepatic grafts aged 70 to 94 years who developed biliary complications and those who did not present them.

Results: From January 1994 to June 2016, 212 liver transplants were performed with donors aged 70 to 94 years. A total of 16 patients (7.54%) developed biliary complications: 2 ischemic cholangiopathies (12.5%), 11 stenoses (68.75%) and 3 fistulas (18.75%). Donors with similar characteristics, with Males 10 (62.5%) vs 77 (39.3%), AHT 12 (75%) vs 110 (56.1%), CRI 2 (12.5%) vs 12 (6.5%), vasoactive drugs 8 (50%) vs 151 (77%), prothrombin activity 87 (24) vs. 75 (27) (p = 0.04). Similar characteristics of the etiology, AHT 1 (6.2%) vs 40 (20.4%), low platelets in the complications group (p = 0.01) Bilirubin duct cholecodocho-cholecystohistia was performed without T-Tube 12 (75%) vs 184 (80.3%) (p = 0.02), immunosuppression with tacrolimus and steroids, both groups comparable for times of cold and hot ischemia. We can highlight that the development of biliary complications is associated with a higher rate of medical, infectious, vascular, cardiovascular and respiratory complications, post-transplant reoperations 3 (19%) vs 19 (10%), re-transplantation 2 (12.5%) vs 10 (5.1%).

Conclusion: The rate of biliary complications in liver transplants with grafts older than 70 years was similar to the described with the use of younger donors. The development of biliary complications is associated with a greater development of medical, infectious, vascular, cardiovascular and respiratory complications, being more frequent the need for post-transplant reoperations and re-transplants in this study group.