

Impact of Donor Age in Donation After Circulatory Death Liver Transplantation: Is the Cutoff “60” Still of Relevance?

TO THE EDITOR:

Schlegel et al. must be congratulated on their recent study published in *Liver Transplantation* that describes the wide experience of the Birmingham group with donation after circulatory death (DCD) liver transplantation (LT).⁽¹⁾ In this article, the authors analyzed their results from more than 300 DCD LTs, with nearly one-third of the donors aged >60 years or more. They did not find a significant difference in graft loss related to DCD donor age.⁽¹⁾ Donor age in DCD LT remains a challenging issue.⁽²⁾ The Schlegel study confirms our group experience with DCD donors older than 70 years,⁽³⁾ and it adds more evidence to the fact that older DCD donors might positively contribute to the liver donor pool, if other risk factors are actively minimized.^(4,5) In our clinical practice, these grafts are preferentially allocated to LT candidates aged over 50 years, undergoing a straightforward first liver transplantation that should not require high catecholamine or transfusion needs, and in whom cold ischemia and reimplantation times might be minimized. Patients suffering from hepatocellular carcinoma are ideal candidates for these older DCD grafts.

Another interesting finding of the Schlegel study is the fact that donor body mass index (BMI) might be a

major prognostic factor for DCD liver graft loss.⁽¹⁾ In our experience with DCD kidney transplantation, donor BMI has also proven to be an important risk factor for delayed graft function.⁽⁶⁾ This might indicate that it is particularly difficult to rapidly lower the abdominal temperature of DCD donors with high BMI using in situ flushing and topical cooling. Further studies are needed to confirm these findings and to explore the means to improve abdominal graft results using high BMI DCD donors, considering the current and future obesity epidemic.

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