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LIVER TRANSPLANTATION FOR NON-ACETOMINOPHEN FULMINANT HEPATIC FAILURE IN ADULTS : A 20-YEAR EXPERIENCE. O. Detry (1), A. Deroover (1), J. Delwaide (2), P. Damas (3), J. Joris (4), J. Belaïche (2), M. Meurisse (1), P. Honoré (1). (1) Dpt of Abdominal Surgery and Transplantation, Ulg Liège ; (2) Dpt of Gastroenterology, Ulg Liège ; (3) Dpt of Intensive Care, Ulg Liège ; (4) Dpt of Anaesthesiology, Ulg Liège.

Objective : To analyse the early and late outcomes of liver transplantation (LT) in patients with non-acetaminophen fulminant hepatic failure (FHF), defined as acute liver failure on a previously healthy liver, in patients developing encephalopathy within 6 weeks after occurrence of cholestasis.
Methods : A retrospective review was undertaken of all adult patients undergoing LT at a single Belgian transplant center in a 20-year experience. All patients listed in High Urgency were analysed ; patients undergoing urgent retransplantation or LT for Budd-Chiari syndrome or for acute Wilson disease were removed for subsequent analyses. Median follow-up was 110 months.
Results : 22 patients (18 females, 4 males, mean age : 39 years) required LT for FHF. Causes of liver failure were hepatitis B virus (n = 11), drug-induced (n = 5), hepatitis A virus (n = 1) and cryptogenic (n = 5). All patients were listed for LT when they reached Clichy's criteria for bad prognosis. The 1-month, 1-, 5-, and 10-year patient actuarial survival rates were 87%, 75%, 75%, and 75%, respectively. A high retransplant rate was observed, as 7 patients needed a second liver transplant, and one a second and a third liver grafts in the follow-up. Early death (< 1 month) was linked to primary non-function (PNF) (n = 2) of the graft or to the status of the patient before transplant. Later deaths were linked to sepsis or non-compliance to immunosuppressive therapy. Causes of retransplant were PNF (n = 2), ABO incompatibility (n = 3), chronic rejection (n = 2) or miscellaneous (n = 2).
Conclusions : This experience shows that long-term (10 years) survival of > 70% of patients undergoing LT for FHF may be achieved, at the price of a more frequent rate of retransplantation compared to the general LT population.

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HIGH PREVALENCE OF FOCAL NODULAR HYPERPLASIA (FNH) IN PATIENTS WITH HEREDITARY HAEMORRHAGIC TELANGIECTASIA (HHT). PRELIMINARY RESULTS FROM THE BELGIAN REGISTRY. R. Brenard (1), X. Chapaux (2), P. Deltenre (3), Y. Horsmans (4). (1) Hepato-Gastroenterology Hôpital St Joseph, Gilly ; (2) Radiology Hôpital St Joseph, Gilly ; (3) Hepato-Gastroenterology Hôpital de Jolimont ; (4) Hepato-Gastroenterology UCL St Luc.

A Belgian registry of patients with HHT and liver involvement was recently initiated, under the aegis of the BASL. One of the first **aim** was to focus on several clinical and/or radiological data. We present the preliminary data of the registry.
Methods : The HHT diagnosis was definite if three of the following criteria were present : epistaxis, telangiectasia, visceral lesions and an appropriate family history ([1]). Hepatic involvement was confirmed by Doppler sonography, contrast-enhanced computed tomography and/or MRI.
Results : Sixteen patients were included (14 women, 2 males, mean age : 37 yr). Twelve patients had asymptomatic liver involvement, 3 had persistent or recurrent episodes of high output cardiac failure related to intrahepatic shunts and 1 developed extensive biliary necrosis which required liver transplantation ([2]). Two patients died, one from terminal cardiac failure and one from digestive haemorrhage probably related to alcoholic cirrhosis. Liver tests evaluated in 14 patients mainly showed a mean increase of _ GT of 5.5 × ULN (ranged from 1 to 25 × ULN) and alkaline phosphatases of 1.9 × ULN (ranged from 1 to 6.9 × ULN). Radiological procedures (Doppler sonography in 12 patients, contrast-enhanced computed tomography in 7 and RMI in 7) demonstrated a large hepatic artery in all patients with a mean diameter of 10.5 mm (ranged from 7.5 to 14), multiple intrahepatic fistulae in 12 patients (75%) and multiple hepatic tumors (> 5) in 8 patients (50%). The majority of these tumors presented in the early arterial phase a radial blush and became isodense-isosignal later ; they had a non vascular irregular central scar and were characteristic of FNH. All patients with FNH were asymptomatic ; they were younger (30 yr vs 47 yr), with a lower level of _ GT (4.1 vs 6.5 × ULN) and a smaller diameter of the hepatic artery (9.5 vs 11.2 mm) than patients without FNH.
In **conclusion**, the majority of patients with HHT and liver involvement are asymptomatic but 25% of them may have life-threating complications like cardiac failure or extensive biliary necrosis. The prevalence of HNF is high (50%). These tumors are asymptomatic. A large hepatic artery and intra-hepatic fistulae frequently found in patients with HHT and liver involvement suggest a vascular pathogenesis of HNF.
References :
1. Shovlin *et al*., Am. J. Med. Genet., 2000, 91 : 66-67.
2. Bueres *et al*., Liver International., 2005, 25 : 677-679.