

	Sex	Median age	Viral load (IU/ml)	Genotype	Metavir
Study population (n = 43)	23 F/19 M Not completed 1	44,7 years	> 850.000 : 21(49%) < 850.000 : 11 (25,5%) Not known :11(25,5%)	1 : 16 (37%) 2,3 : 5 (12%) 4 : 11 (25,5%) Not known :11(25,5%)	F0 : 4 (9%) F1 : 19 (44%) F2 : 12 (28%) Not known : 8 (19%)
Treatment group (n = 20)	9 F/10 M Not completed 1	45,6 years	> 850.000 : 10 (50%) < 850.000 : 4 (20%) Not known : 6 (30%)	1 : 8 (40%) 2,3 : 2(10%) 4 : 7(35%) Not known : 3(15%)	F0 : 0 F1 : 6 (30%) F2 : 7 (35%) Not comp : 7 (35%)
Control group (n = 23)	14F/9 M	44 years	> 850.000 : 11 (48%) < 850.000 : 7 (30%) Not known : 5 (22%)	1 : 8(35%) 2,3 : 3 (13%) 4 : 4 (17%) Not known : 8 (35%)	F0 : 4 (17%) F1 : 13(57%) F2 : 5 (22%) Not comp : 1 (4%)

3 patients were included recently and no data are available at this moment. Until now 15 patients (with a majority of genotype non 2,3 and high viral load) completed a complete course of 48 weeks. Of those 15 patients, 6 patients had positive PCR at week 24 and stopped treatment. One patient had negative PCR at week 24 but presented a breakthrough afterwards. Another patient stopped treatment because of adverse events. So 7 out of the 15 patients completed 48 weeks of treatment and had an End of Treatment response (ITT : 41%, PP : 50%). Follow-up of 24 weeks is now completed in 5 of those patients and all of them showed a Sustained virological response (ITT : 33%, PP : 42%). Concerning transaminases, it was interesting to see that ALT values divided by the ALT Upper Limit value (lab dependent) times 100, were lower for the F1 grade (66,5) compared to the F2 grade (81,0), but the difference was not statistically significant. Only two patients in the treatment group presented a very moderate flare up with ALT levels staying below two times upper limit of normal. Concerning histology moderate fibrosis F2 was found in 12 patients (28%) at baseline. 7 of them were randomised in the treatment group. At this moment not enough results on histological evolution are available.

Conclusion : In this difficult to treat group of patients with chronic HCV and persistently normal transaminases combination therapy with peginterferon alfa-2b plus ribavirin seems to be safe and beneficial regarding end of treatment and sustained virological response. A positive but non significant correlation was found between ALT values and stage of fibrosis. Final results have to be awaited and should be confirmed in a larger sample of patients.

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EMERGENCY GRAFT REMOVAL AFTER LIVER TRANSPLANTATION. O. Detry (1), A. Deroover (1), J. Delwaide (2), J. Canivet (3), M. Meurisse (1), P. Honoré (1). (1) Dpt of Abdominal Surgery and Transplantation, CHU Liège ; (2) Dpt of Gastroenterology, CHU Liège ; (3) Dpt of Intensive Care, CHU Liège.

Introduction : Two-stage liver transplantation, i.e. a procedure rendering a patient anhepatic for a uncertain period of time before registration for emergent liver transplantation (LT), has been seldom described in case of unstable fulminant liver failure, of massive hepatic trauma or liver graft primary non function (PNF). In this report the authors describe their experience in early liver graft removal after LT.

Patients and methods : Four young female patients (mean age 36 years) underwent LT for various etiologies (PSC, HBV-HCC, alcohol-paracetamol, idiopathic cirrhosis). All underwent early (day 0 to day 14) emergent total liver graft removal for various reasons (uncontrollable preoperative hemorrhage, uncontrollable postoperative hemorrhage due to PNF, graft necrosis due to vascular occlusion) and were registered for urgent reLT. All went back to the ICU in an anhepatic state and underwent maximal supportive therapy including CVVH and MARS support (1 case). Body temperature was maintained between 34 and 37°C.

Results : All patients survived until a cadaveric liver graft became available. In 3 cases they underwent reLT after a mean anhepatic phase of 21 hours. Two survived without any sequel and are alive and well at follow-up. The fourth patient experienced an anhepatic phase of 84 hours. After reLT, the patient fully recovered from the neurologic point of view and was extubated. She eventually died from multiple organ failure 14 days after reLT.

Discussion : These cases illustrate that survival in anhepatic state is possible for at least 24 hrs. The potential full neurologic recovery after 84 hours of anhepatic state (the longest ever reported to date) raises several questions on the pathogenesis of intracranial hypertension in acute liver failure, reinforcing the “toxic liver” hypothesis in the etiology of brain edema in this setting.