

JOINT MEETING

- D01 -

COMPLICATIONS IN LIVING LIVER DONORS ACCORDING TO CLAVIEN'S CLASSIFICATION. A. De Roover (1), O. Detry (1), C. Coimbra (1), M.F. Hans (1), J. Monard (1), M.H. Del-Bouille (1), B. Bastens (2), C. Brixko (3), B. Servais (4), J. Delwaide (1), A. Kaba (1), J. Joris (1), P. Damas (1), J. Belaiche (1), M. Meurisse (1), P. Honoré (1). (1) CHU Liège ; (2) CHC Liège ; (3) CHR Liège ; (4) CHBA Seraing.

Aim : Living donation has been proposed as a way to partly overcome the actual organ donor shortage. For liver transplantation in adults, living donation is a risky procedure, especially for the right lobe donors. The authors evaluated their experience in live liver donation with classification of the donor complications according to the widely accepted Clavien's scale (*Ann. Surg.*, 2004, **240** : 205).

Methods : Sixteen living liver donations for adult recipient (14 right lobes, 2 left lobes) were performed during a 5 year-period. All the donors and the recipients were prospectively followed. A systematic abdominal CT scan was performed before discharge. Blood analyses were performed at regular intervals. No patient was lost to follow-up. Definitions for each grade in the system are : grade I, deviation from the normal postoperative course but without the need for therapy ; grade II, complication requiring pharmacologic treatment ; grade III, complication with the need for surgical, endoscopic or radiological intervention (IIIa/b : without/with the need for general anesthesia) ; grade IV, life-threatening complication requiring intensive care ; grade V, death.

Results : Surgical morbidity was recognized in 7 donors (43%). No deaths occurred. The numbers of patients with complications were : grade I, 0 (0%) ; II, 4 (chronic pain, blood transfusion, chronic portal vein occlusion, urinary infection) (24%) ; IIIa, 2 (bilioma, pleural effusion, both treated percutaneously under local anaesthesia) (12%) ; IIIb, 2 (incisional hernia, laparotomy for hemorrhage) (12%) ; IV, 0 ; V, 0.

Conclusion : Clavien's system is a useful tool to classify the complications after live liver donation. This experience confirms that living liver donation is not a benign procedure, but most of the postoperative complications may be successfully treated without sequel if diagnosed early.

- D02 -

REDUCED PLASMA AND FUNDIC GHRELIN LEVELS IN CHRONIC ALCOHOL ABUSE AND ALCOHOL DEPENDENCE. A. Badaoui, C. De Saeger, J. Duchemin, P. De Timary, P. Stärkel. UCL Saint-Luc.

Background : Ghrelin, an orexigenic peptid synthesized in the fundus of the stomach, could play a role in the pathogenesis of alcohol dependence. It has been shown that alcohol intake inhibits ghrelin secretion in normal subjects but conflicting data has been reported in chronic alcoholics. It has been suggested that fasting plasma ghrelin levels increased during alcohol withdrawal in chronic alcoholics and were higher than in active drinkers. It remains unknown whether active drinkers have reduced ghrelin levels compared to normal non-drinking subjects and whether modifications in plasma ghrelin levels are imputable to modifications of ghrelin secretion in the stomach in chronic alcoholism.

Objective : The aim of this study is to investigate how chronic alcohol ingestion influences serum ghrelin levels and to define whether these potential changes relate to changes of ghrelin production in the stomach.

Patients and Methods : Thirty-eight alcoholic patients who were admitted to the hepatology unit for alcohol withdrawal were included in a prospective study. Patients who have stopped drinking for more than 24 hours prior to admission and patients with abnormal fundic or duodenal histology were excluded. On the second day of hospitalization, blood was drawn for fasting serum ghrelin levels and upper gastrointestinal (GI) endoscopy for standard fundic and duodenal biopsies was performed. Tissue specimens were fixed for routine histology or immediately frozen in liquid nitrogen for ghrelin protein and mRNA determinations. Serum and tissue ghrelin protein and mRNA levels were measured by a radioimmunoassay (RIA) kit and by quantitative polymerase chain reaction (PCR), respectively. These results were compared to a control group of fifteen healthy non alcoholic volunteers.

Results : Serum ghrelin levels were decreased in alcoholics compared to healthy controls. This decrease was associated with reduced ghrelin protein levels in fundic biopsies but not in duodenal biopsies. Ghrelin mRNA levels in fundic biopsies were, however, not affected by alcohol abuse suggesting post-transcriptional regulatory mechanisms to be responsible for the decrease in plasma and fundic protein levels.

Conclusion : Chronic alcoholic abuse is associated with decreased ghrelin levels at least partly due to reduced ghrelin production in the stomach. Thus, low ghrelin levels might play a significant role in the complex neurobiological mechanisms associated with appetite regulating network during alcohol dependence.