

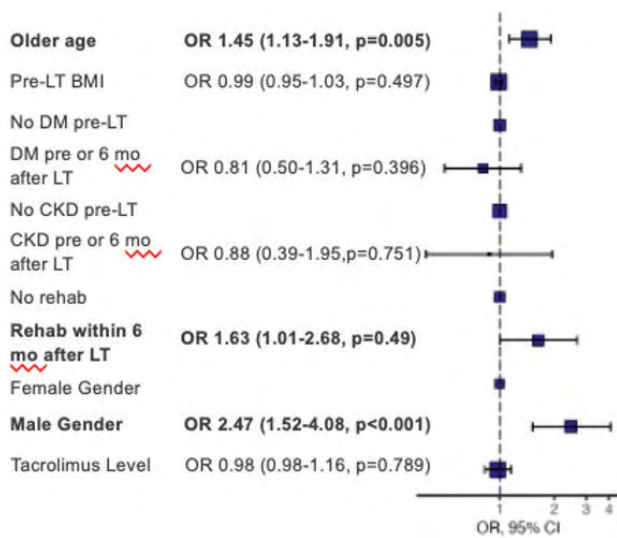
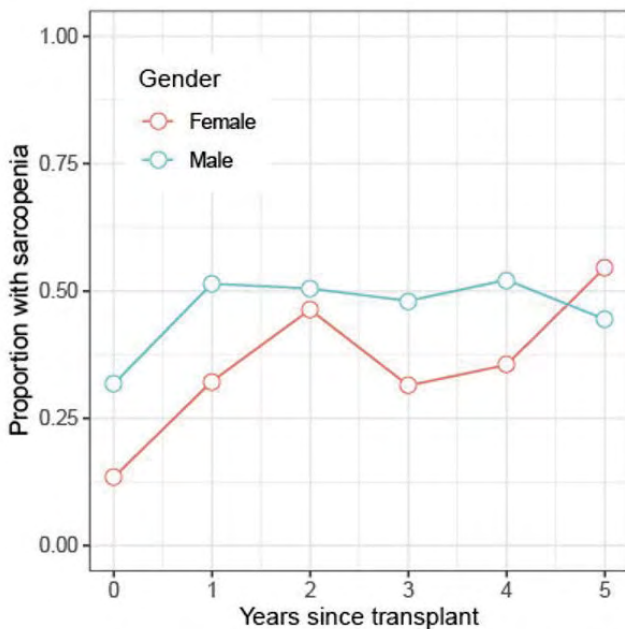
Concurrent Oral Abstract Session: Comorbidities and Liver Transplantation Outcomes

0-047

Recent outcome of liver transplantation for Budd Chiari syndrome - analysis of the european liver transplant registry (ELTR) and affiliated centres

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Conclusions: Sarcopenia does not appear to resolve long-term and likely worsens leading to nearly doubling its prevalence 3-5 years post LT. Female gender may be protective at baseline but women experience more significant decline in SMI over time.

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Background: Maintenance anticoagulation and Transjugular Intrahepatic Portosystemic Shunt (TIPS) have improved management of Budd-Chiari Syndrome (BCS) over the last decades. Most published studies on outcomes of liver transplantation (LT) for BCS in Europe date before these changes.

Methods: Data were obtained from the European Liver Transplantation Registry (ELTR). Age <16, secondary BCS and hepatocellular carcinoma were excluded. Patient (PS) and graft survival (GS) before and after 2000 was compared. Multivariate Cox regression analysis (with re-transplantation as time-dependent covariate) identified predictors of PS and GS after 2000. Supplementary data was requested from all ELTR affiliated centres and received from 39.

Results: 811 patients were transplanted for primary BCS between 2000 and 2020. Median age was 37.2y, 60% were female, median MELD was 17 and 29% had high urgency (HU) listing. One-, five- and ten-year PS rates between 2000-2020 were 83%, 76% and 69%, compared to 71%, 66% and 61% for the 293 patients transplanted before 2000 ($p < 0.001$), while GS was 78%, 69%, 62% vs. 63%, 58% and 52%, respectively ($p < 0.001$). Since 2000, BCS recurred in 3% and 12% received a re-transplant. Older recipient age (HR 1.02; 95%CI 1.01-1.04) and higher MELD (HR 1.03; 95%CI 1.01-1.06) were associated with worse PS while HU listing was associated with improved PS (HR 0.57; 95%CI 0.35-0.92). Older donor age was the only independent predictor of worse GS (HR 1.01; 95%CI 1.00-1.02). In $n = 236$ (29%) with additional centre-data, 38% had myeloproliferative disease, 25% received TIPS pre-LT and 82% used anticoagulation post-LT. In these, anticoagulation was the only independent factor associated with PS (HR 0.38; 95%CI 0.15-0.98).

Conclusions: LT for BCS results in excellent patient and graft survival. Outcomes have improved since 2000. Older recipient age and higher MELD result in poorer survival. HU listing appears to select patients with most favourable outcome. Long-term anticoagulation seems beneficial. Further validation is needed.

O-048

Evaluation of cardiovascular and bleeding outcomes post percutaneous coronary intervention in patients undergoing liver transplant evaluation

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Background: Coronary artery disease (CAD) contributes to significant morbidity and mortality in liver transplant recipients. As non-alcoholic steatohepatitis (NASH) prevalence increases, cardiac complications are expected to rise. Preoperative cardiac risk stratification for ischemic disease prior to liver transplantation often results in the need for percutaneous coronary intervention (PCI). Patients with end stage liver disease (ESLD) have a high bleeding risk, and this risk is compounded when they are placed on a course of dual antiplatelet therapy (DAPT). While there is evidence for shortened DAPT with second generation drug eluting stents (DES) in the general population, this does not exist for patients with ESLD undergoing evaluation for liver transplantation. We aimed to evaluate the DAPT usage and outcomes at our institution.

Methods: Patients with ESLD who underwent coronary angiography at the University of Cincinnati Medical Center between January 2015 and December 2020 were included for this IRB approved study. We performed retrospective analysis of the patients receiving second generation DES. The primary outcome studied was death and a composite outcome of major adverse cardiovascular events (MACE) which include stroke, myocardial infarction, heart failure, or repeat revascularization.

Results: A total of 800 patients were identified of which 43 met inclusion criteria. The bleeding incidence post PCI was 23.3%. 79.1% of PCI patients had DAPT >3 months and 20.9% received ≤3 months of DAPT. 67% of the shortened DAPT cohort were optimized with intracoronary imaging and there was 11.1% incidence of MACE in this group vs 11.7% incidence of MACE in the longer duration DAPT group. **Conclusions:** In our study, shortened DAPT patients remained at a similar incidence of MACE perioperatively. Additionally, the bleeding event rate remained low post PCI in the overall group. This data is hypothesis generating about shortened DAPT therapy in selected patients to improve the time to a life-saving transplant.