review the diagnosis of de novo AIH in adult liver transplanted pts followed at our Center.
Methods: We included all the 130 adult pts (107 male; median age 54 yrs, range 16–66) who underwent cadaveric liver transplantation (LT) from 1988 to 2005 and were followed up at our Center. The indication for LT was viral hepatitis in 102 pts, alcoholic disease in 14, cryptogenic cirrhosis in 6 while AIH, hepatic fibrosis, Wilson disease, Caroli disease, Budd-Chiari syndrome and fulminant hepatic failure accounted for 1 pt each.
Results: Ten pts (4 male; median age 58.5 yrs) of 130 (7.7%) developed a form of otherwise unexplained graft dysfunction characterized by histological and serological findings of AIH after a median period after LT of 63 mo (range 9–144). Among them, 6 were transplanted for HCV cirrhosis, 3 for cryptogenic and 1 for alcohol related cirrhosis. All 10 pts showed liver tests abnormalities associated to mononuclear-cell infiltrate invading the limiting plate at liver biopsy. Antinuclear antibodies were detected in 5 pts, smooth muscle antibodies in 2, neutrophil cytoplasmic antigens antibodies in 1, while 2 pts showed anti-thyroid antibodies. The AIH scoring system was probable in 9 pts and definite in 1. Pts were treated with prednisone and azathioprine or mycofenolate, with regression of liver test abnormalities in 9. Reviewing cryptogenic cirrhosis, AIH scoring system probable in 2 pts and definite in the other (unrecognized AIH ab initio); all HCV pts developed features of de novo AIH during or soon after the treatment with pegylated interferon.
Conclusions: In our experience, in 9/10 pts previously labelled as de novo AIH a iatrogenic trigger or an understimated pre-LT disease was detectable: these results suggest to better characterize the cases currently defined as "de novo" AIH in post transplant setting.

148 HRAR SCALE, PSYCHIATRIC COMORBIDITIES AND THE SIX MONTH ABSTINENCE RULE AS PREDICTORS OF HARMFUL ALCOHOL RELAPSE AFTER LIVER TRANSPLANTATION

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Background and Aims: The outcome after liver transplantation (LT) for alcoholic liver disease can be affected by relapse into heavy drinking. The aim of our study was to identify factors that could predict the recurrence of significant alcohol consumption after LT.
Methods: In the transplantation centres of Geneva (Switzerland) and Lyon (France), 387 patients were transplanted between 1989 and 2005 for alcoholic cirrhosis. Mean age was 51.3 7.5 y, 23.8% were women. Mean follow-up was 61.2 7.5 months. Relapse of alcohol consumption after LT was 11.9%. Duration of alcohol abstinence before LT, delay between listing and LT, psychiatric co-morbidities (anxious or depressive disorders) and High-Risk Alcohol Relapse (HRAR) score were analyzed in univariate analysis, together with demographic data. Multivariate logistic regression using factors that were significant in univariate analysis was finally performed.
Results: Relapse into harmful drinking – defined as a declared alcohol consumption over 40 g/day, associated with the presence of physical or mental alcohol-related damage – resulted in univariate analysis significantly associated with age >50 years ($p = 0.04$), duration of abstinence <6 months ($p = 0.02$), presence of a life partner ($p < 0.05$), psychiatric comorbidities ($p < 0.001$) and HRAR score >3 ($p < 0.001$). Relapse was 6.6% in patients without psychiatric comorbidities and up to 69.6% in patients with anxious troubles ($p < 0.001$). Using multivariate logistic regression, duration of abstinence <6 months ($p = 0.03$), psychiatric comorbidities ($p < 0.001$) and HRAR score >3 ($p = 0.001$) were independent factors of relapse. The presence of 1, 2 or 3 of these factors was associated with a relapse in 17.8%, 63.6% and 100% of patients, respectively. Patients without these risk factors relapsed in 4.8%.
Conclusions: The combination of an elevated HRAR score with a psychiatric comorbidity and an abstinence period of less than 6 months, might predict relapse. These findings, while waiting to be independently validated, provide additional parameters to predict return to heavy drinking and will likely contribute to ameliorate our practice.

149 COMPLICATIONS IN LIVING LIVER DONOR ACCORDING TO CLAVIEN'S CLASSIFICATION: AN EUROPEAN EXPERIENCE

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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 in an European centre. 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.

150 CADAVERIC WHOLE LIVER TRANSPLANTATION FOR NON-ACETAMINOPHEN FULMINANT HEPATIC FAILURE: A 20-YEAR EXPERIENCE

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Background and Aim: The aim of this study is to report the 20-year experience and the results of liver transplantation (LT) for non-acetaminophen fuminant hepatic failure (FHF) of a transplant center