TWENTY CASES OF ADULT TO ADULT LIVING RELATED LIVER TRANSPLANTATION: SINGLE CENTER EXPERIENCE AT SAUDI ARABIA

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Although cadaver donor organs predominate in liver transplantation, the shortage of cadaveric organs forced surgeons to implement surgical innovations, including living related liver transplantation. This could provide life-saving therapy to many patients who otherwise would die awaiting a cadaveric organ. To present the first 20 cases of adult right lobe living related liver transplants in a single center in Saudi Arabia, to analyze the results and to assess the practicability and efficacy of this procedure.

From November 2000 to May 2004, we performed 20 cases of living related liver transplantation. All of the 20 donors were selected according to our standard protocol. Eighteen of them were males (90%) and 2 were females (10%). The median age of the donors was 27 years (range 19–39 years). Standard indications for liver transplantation were considered. Recipients were selected according to strict criteria. Seventeen were males (85%) and three were females (15%). The median age of the recipients was 55 years (range 24-68 years). Of the 20 cases 14 were Saudis and the rest were non-Saudi citizens. One case received combined liver and kidney grafts from 2 living related donors. All of our patients had liver cirrhosis. Seven of them had hepatitis C, 6 had both hepatitis B and C (one of them had an associated hepatocellular carcinoma), 3 had hepatitis B alone, one case was alcoholic cirrhosis, one case secondary to familial cholestatic disease, one case of hepatic shistosomiasis and one case was considered as cryptogenic cirrhosis after exhausting all available tools of investigations. We do not have any donor mortality. While 11 donors (55%) presented an uneventful postoperative course, 7 (35%) presented with minor complications (pleural effusion, pneumonia, wound infection and incisional hernia) and 2 (10%) with major complications (biliary stricture and portal vein thrombosis). In the recipients, the overall patient and graft survival was 85%; complications included: biliary complications (35%), acute rejection (20%), reactivation of hepatitis C (20%) and recurrence of hepatocellular carcinoma (5%). In our center, living related liver transplantation has become a standard option in the adults with end stage liver failure. The critical issue is good donor and recipient selection.