

Liver Transplant MDM

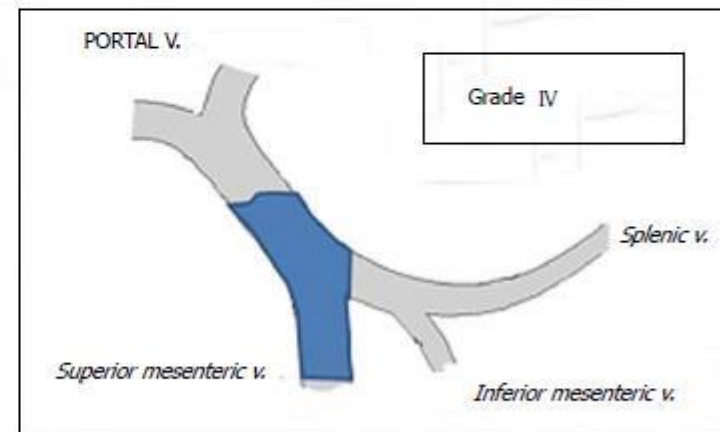
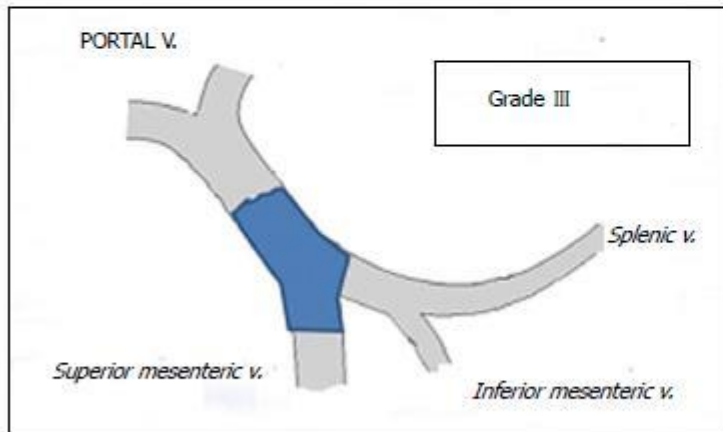
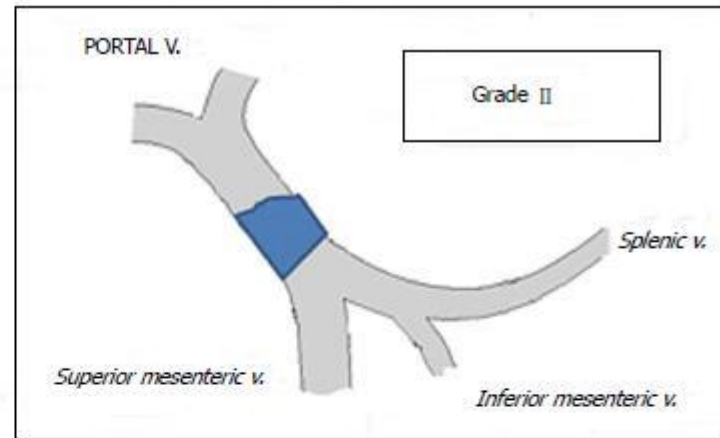
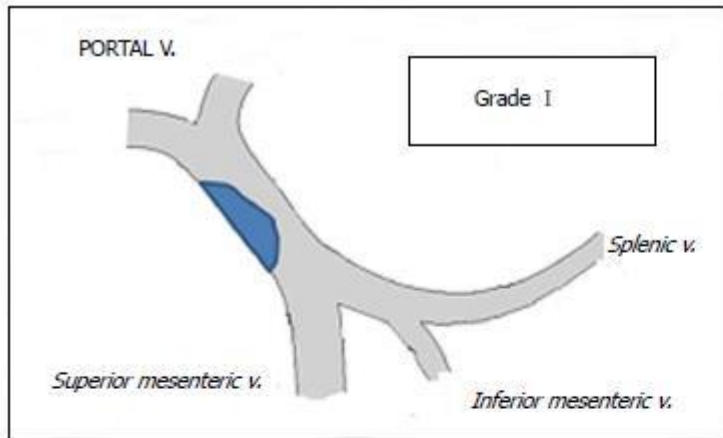
Mr D Vijayanand

BTS Annual Congress. March 2018

Transplant Assessment - Background

- 51yrs Male
- 1994 - First presentation with variceal bleed.
- 1996 - **Cryptogenic cirrhosis** diagnosed.
- 2006 - TIPSS attempted but failed due to **grade 3 Portal Vein Thrombosis**.
- 2007 - **Distal Spleno-renal shunt** (Warren) was fashioned.
- 2008 - Low grade encephalopathy, deteriorating synthetic function.
- 2009 – Transplant Assessment

As proposed by Yerdal et al.

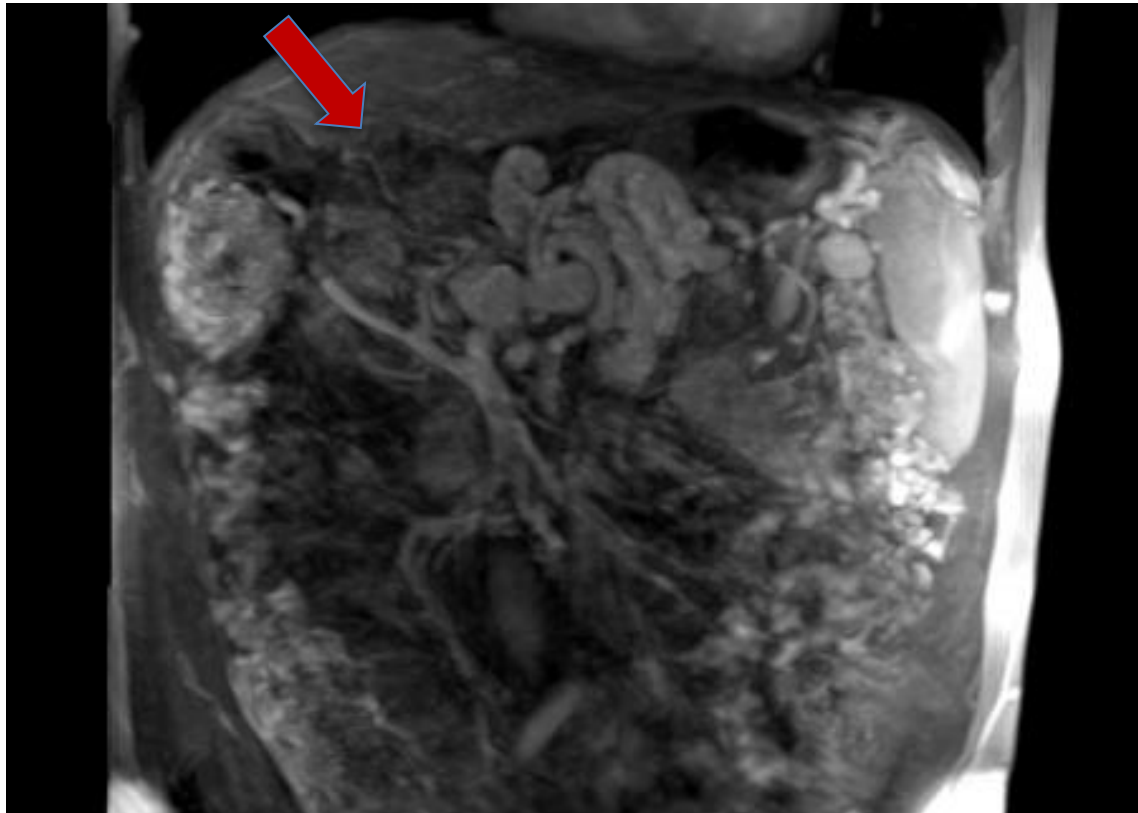


Venous involvement	Grade 1	Grade 2	Grade 3	Grade 4
PV	< 50%	> 50%	Complete	Complete
"Proximal" SMV	± Minimal	± Minimal	Complete	Complete
"Distal" SMV	None	None	None	Complete

Transplant Assessment - 2009

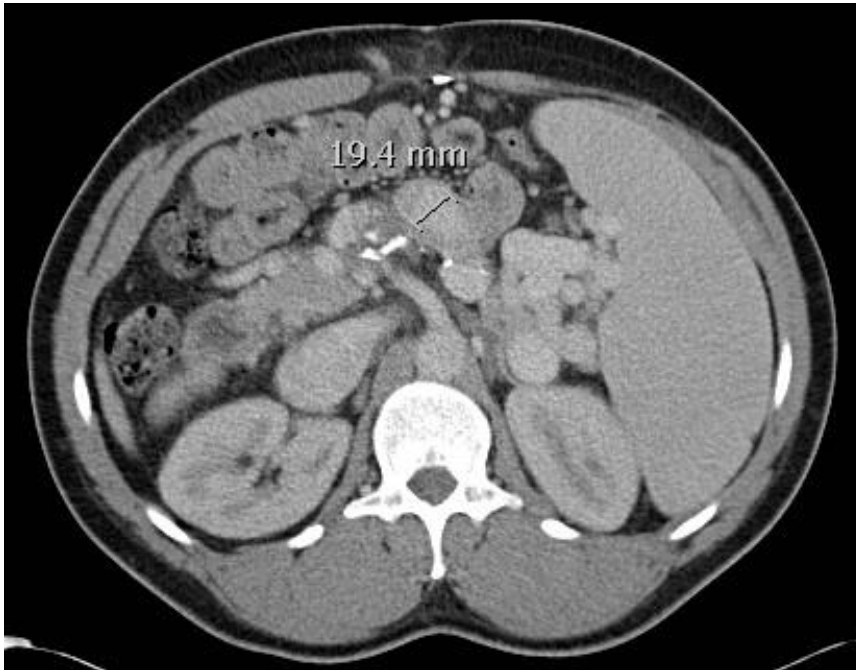
- Weight 96 kgs, BMI 31, Hand grip 51 kg, No Ascites and Grade 1 encephalopathy
- Blood Group 'O', MELD 15, UKELD 54 & Child's B score 9.
- Cardiovascular and Respiratory assessment – No concerns
- Surgical Assessment
 - Chronically occluded extra-hepatic portal vein
 - Previous Laparotomy for shunt procedure
 - Multiple Splenic artery aneurysm - Largest 19mm
 - Incisional hernia

Portal vein thrombosis



Distal Spleno-Renal Shunt (Warren)





Splenic artery aneurysms

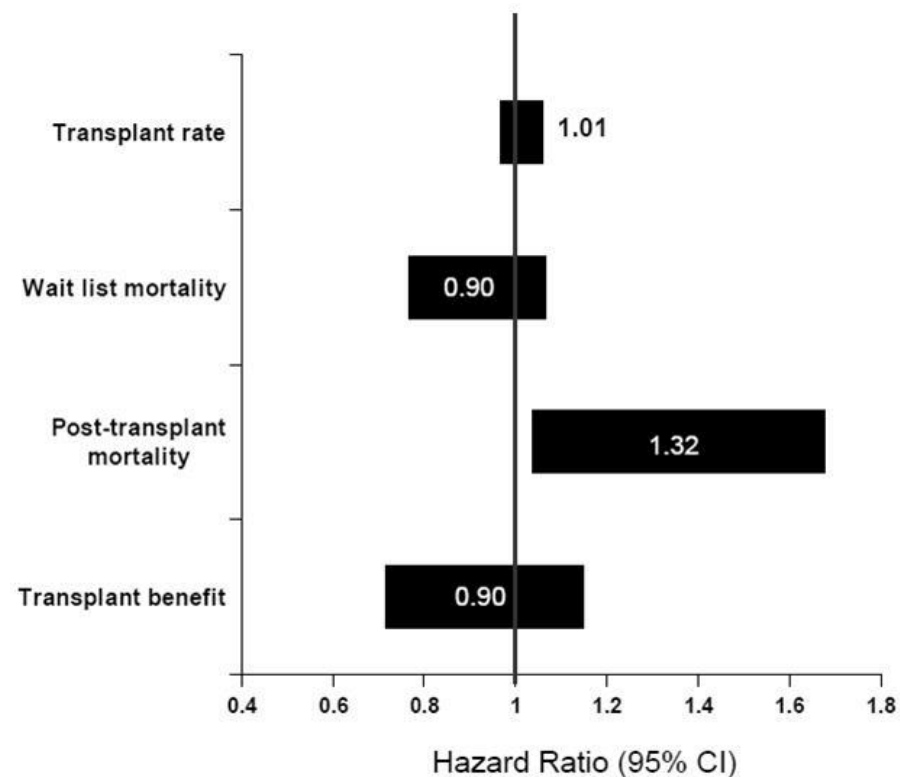
**Incisional
hernia**



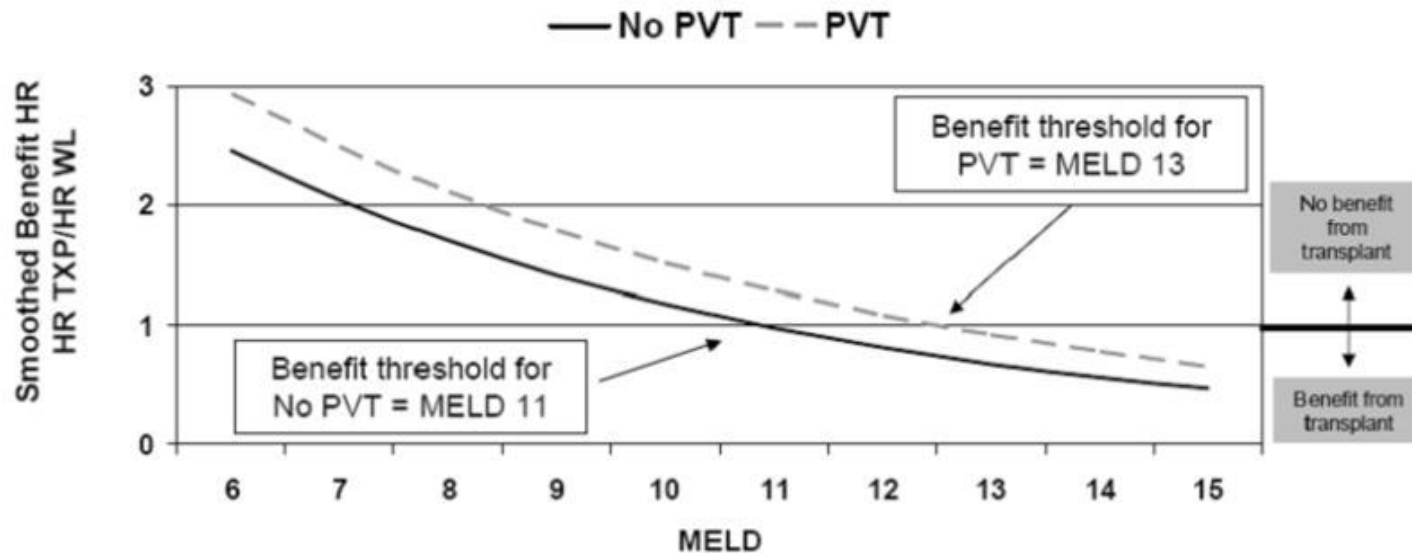
Transplant Assessment - 2009

- Surgical assessment
 - Quantifying Surgical risk?
 - Benefit Vs Risk?

Covariate adjusted effect of PVT



Transplant Survival Benefit Stratified by MELD



*Englesbe et al, Liver Transpl. 2010 Aug; 16(8): 999–1005.

Transplant Assessment

- Listed in year 2009
- Repeat imaging – propagation of thrombus into SMV
- Anticoagulation commenced
- Stable for 12 months with some improvement in synthetic function – MELD dropped to 12
- Suspend / delist or Continue on the waiting list ?

Follow up

- Delisted 2012
- Remained Stable with medical management
- No change for nearly 4 years
- 2017 – Gradual decline and worsening synthetic function

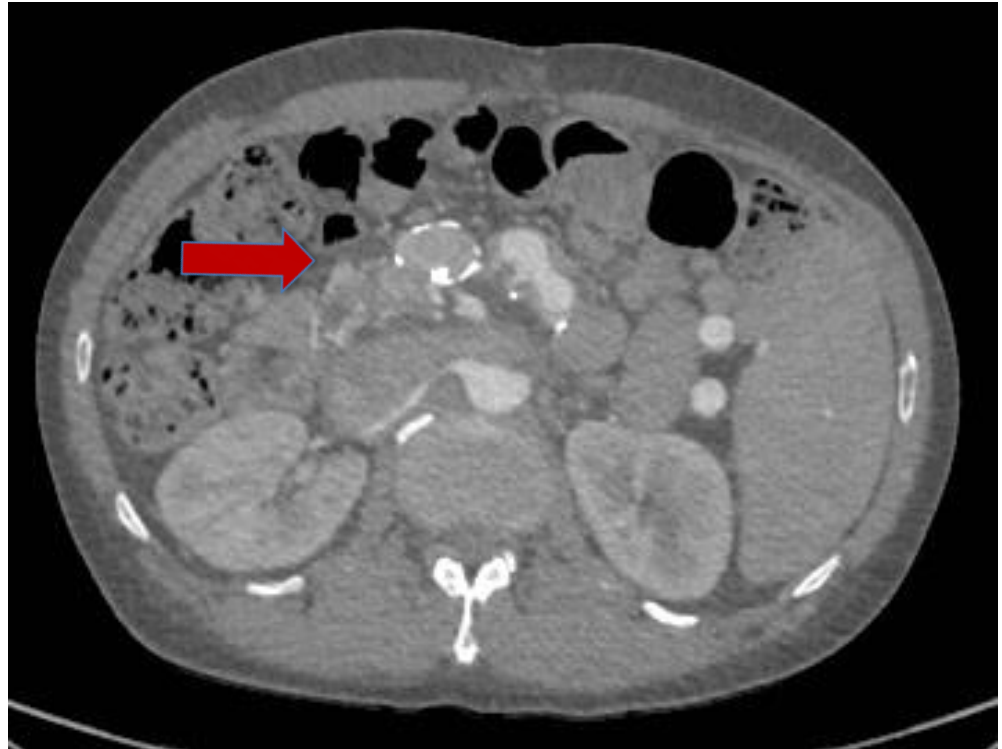
Transplant Re-assessment – November 2017

- Worsening Synthetic function (**Bilirubin 150, Alb 24, and INR WA**).
- **Weight 92 kgs, BMI 29, Hand grip 29.4 kg, No Ascites and Grade 2 encephalopathy**
- **MELD 24 and UKELD 62**
- Spirometry - 90% predicted values.
- ECHO (Oct 2017) - Mild Aortic stenosis, dilated LA with good LV systolic function.
- Anaesthetic assessment – Quoted high risk based on surgical complexities

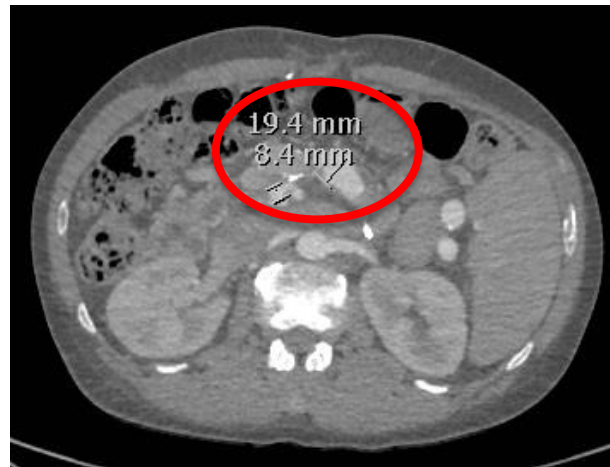
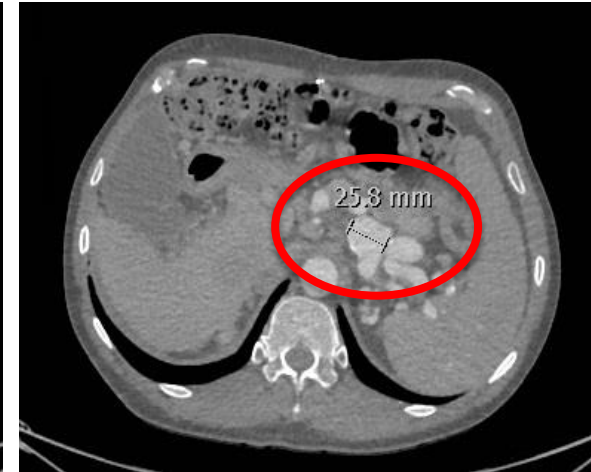
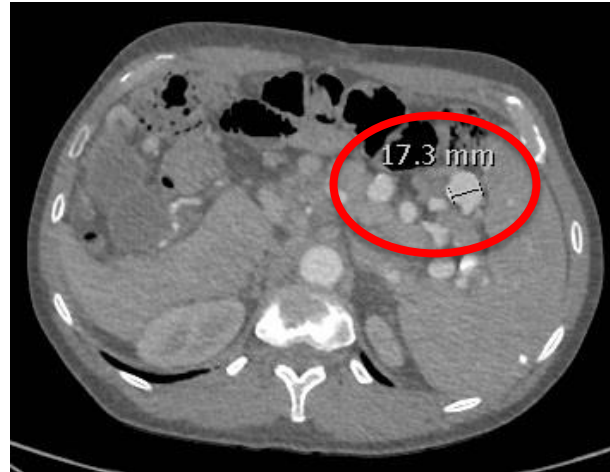
Surgical Assessment

- More Information – Cross sectional Imaging

Chronic occlusion of portal vein with wall calcification



Splenic Artery Aneurysms



Surgical Options

- Is the Surgical risk Prohibitive?
- Mesenteric Venography is of any benefit?
- Establishing Portal flow
 - Jump Graft from SMV
 - Reno-portal
 - Hemi-Caval Transposition
- What do we about the Splenic Artery Aneurysm?

Outcome

- Admitted for transplant few weeks ago – New ECG changes and SOB
- Repeat ECHO – Moderately impaired LV function
- Admitted for optimisation and further cardiac assessment.

Thank You

Reno-Portal Anastomosis

