BTS MDM Case Presentation

BTS
March 2018

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Transplant Hepatologist
Institute of Liver Studies
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DK

- 19 yr old male
- Blood Gp A+ve
- Congenital hepatic fibrosis
- Portal vein thrombus - treated with enoxaparin
- Polycystic kidney disease - now dialysis dependent
- Low BMI

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- Previously assessed for combined liver kidney aged 9, due to good renal function at the time and preserved liver function felt “too early to consider transplantation at this point”

- July 2017 - ascites developed which was initially diuretic responsive.
- October 2017 - developed encephalopathy which has been managed with rifaximin.
- December 2017 - Large volume variceal haemorrhage and subsequent decompensation and required ICU admission in multi-organ failure. At this point he became dialysis dependent.
- During this hospital stay he developed SBP

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- Normal ECHO
- Good CPEX performance
- The liver has a small irregular outline and appears atrophic. There is splenomegaly and the spleen measures 21.3 cm. There is thrombus within the main portal vein which contains calcification indicative of the chronicity of the thrombus and the portal vein distal to this is small in calibre.
- There is polycystic kidney disease with minimal enhancement of the intervening renal tissue.

HAEMATOLOGY	
Hb	8.2 *g/dl*
WBC	4.09 *x10^9/l*
PLT	55 *x10^9/l*
INR	2.73
APTR	1.96
Clauss Fibrinogen	
Lupus Anticoag	
sicklecellscreen	
antibodyscreen	
BIOCHEMISTRY	
Sodium	135 *mmol/l*
Potassium	4.3 *mmol/l*
Calcium	1.61 *mmol/l*
Phosphate	1.74 *mmol/l*
Total Protein	43 *g/l*
Albumin	18 *g/l*
Total Bilirubin	24 *µmol/L*
Conj Bilirubin	16 *µmol/L*
Alk Phosph (ALP)	111 *m/l*
AST	37 *U/l*
Gamma GT	16 *U/l*
Creatinine	480 *µmol/L*

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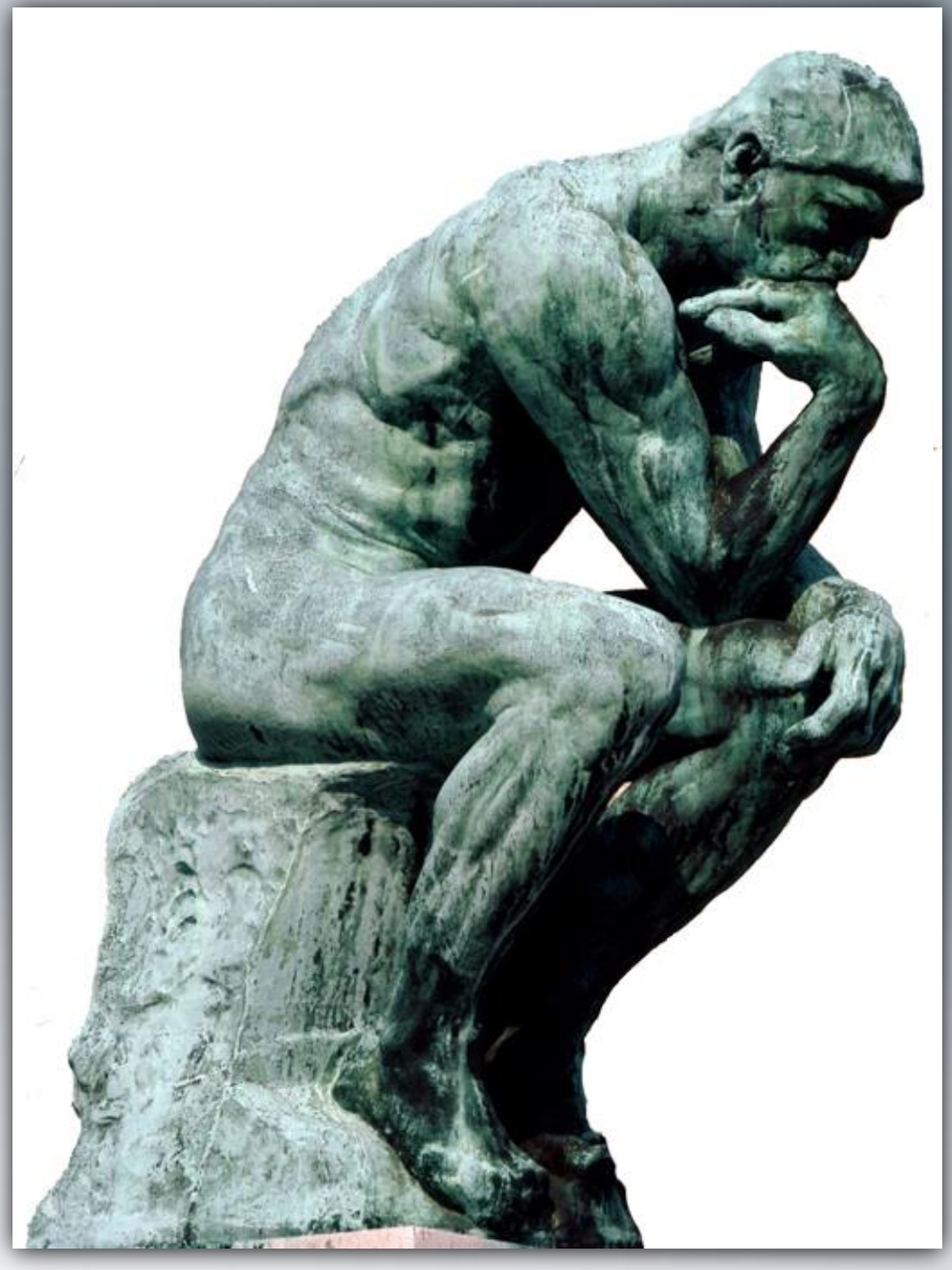
- Has potential donor for LDLT
- Discussed at listing MDM
- What should we do?
  - CLKT or SLKT?



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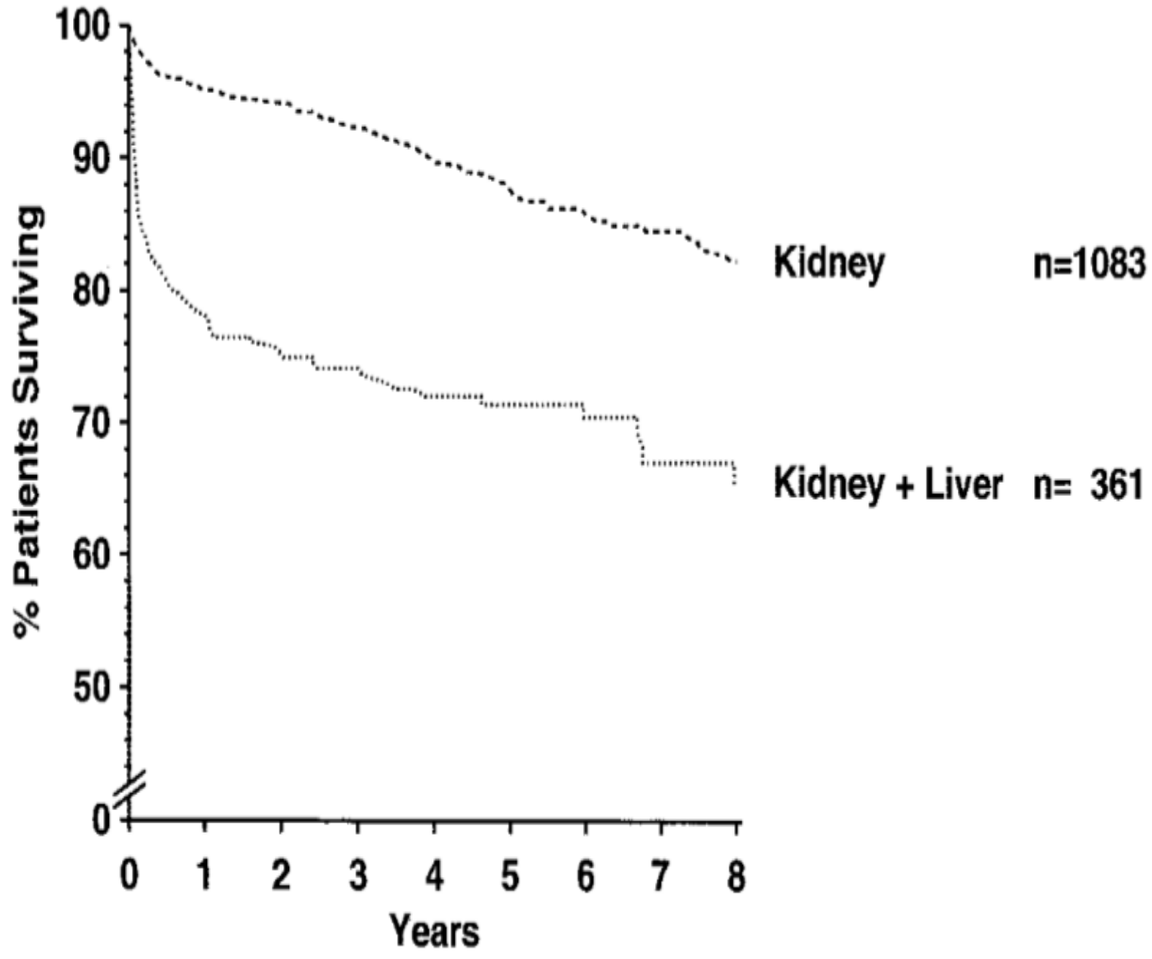
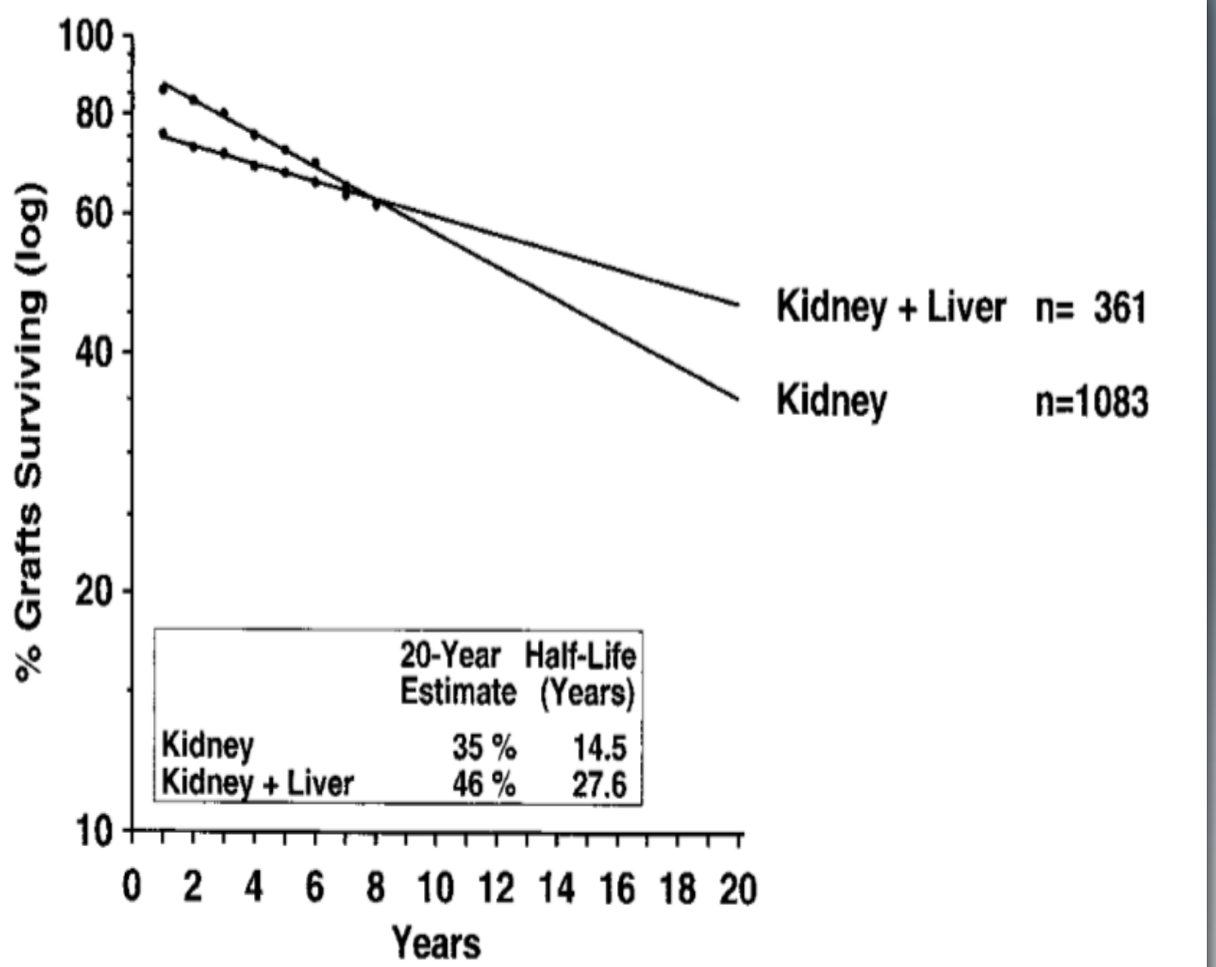
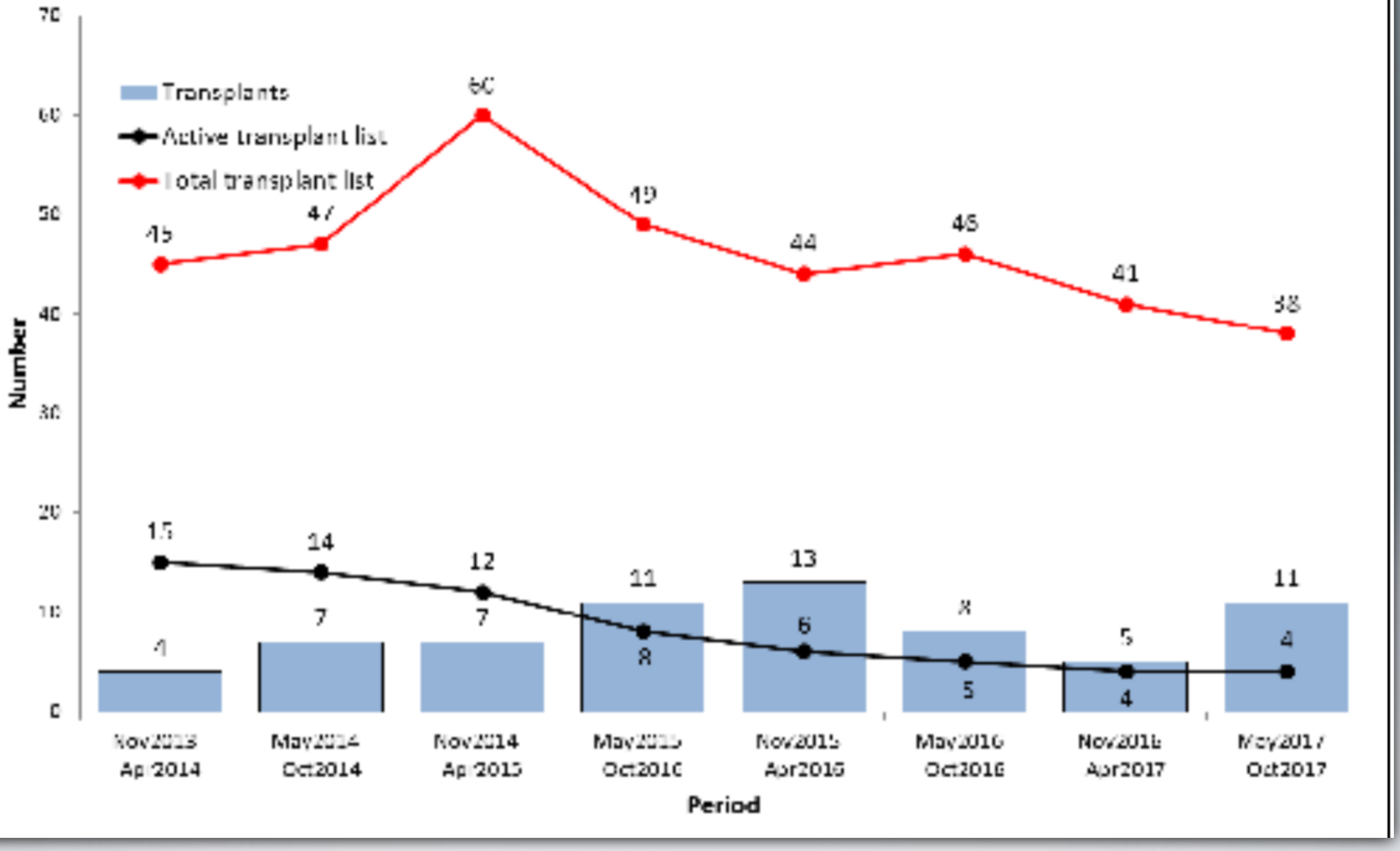




Opelz et al. Transplantation Vol. 74, 1390–1394, No. 10, November 27, 2002

Rana et al. (2008) The combined organ effect: protection against rejection? Ann Surg 248:871–879

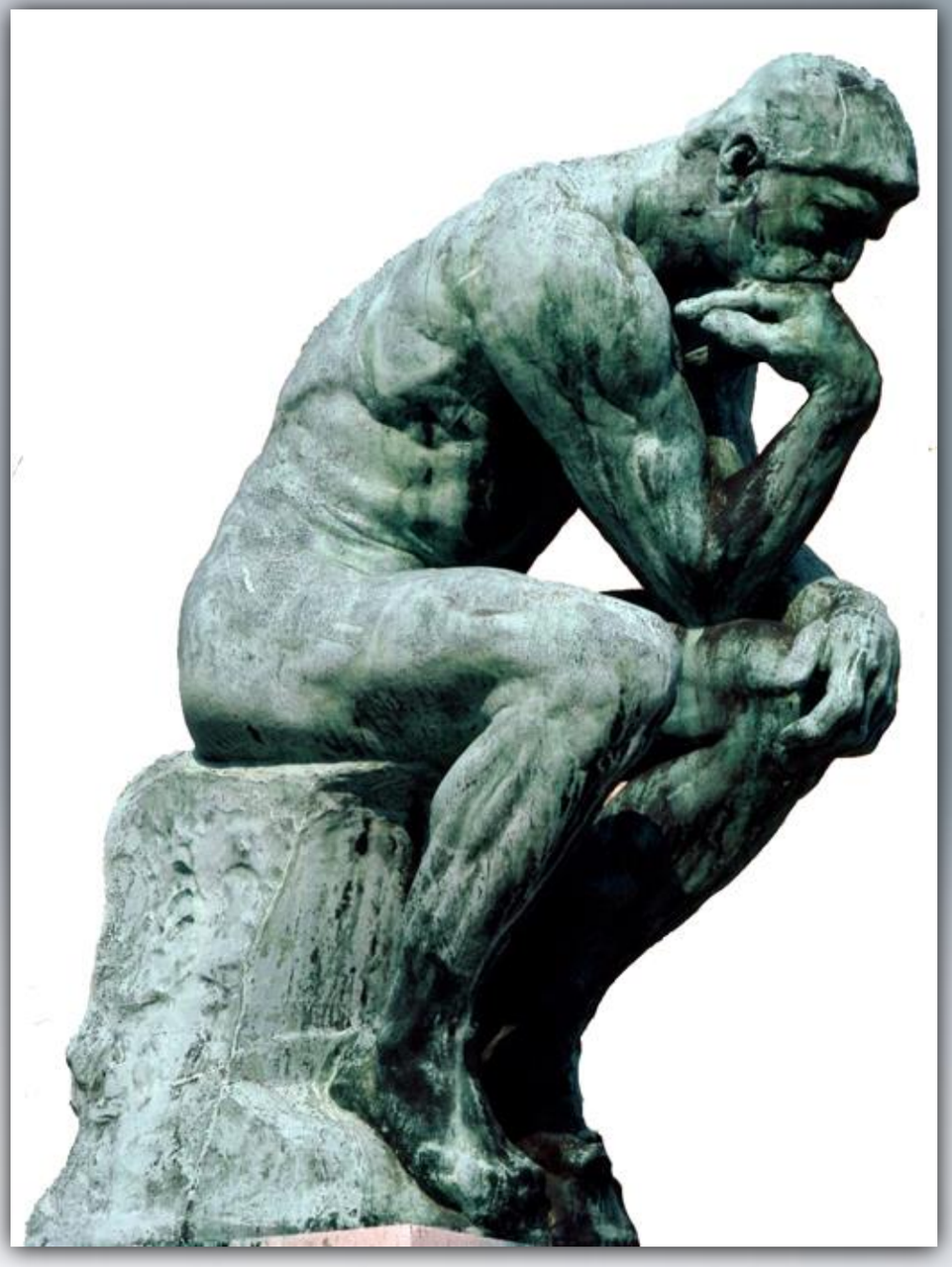
Figure 1 Liver and kidney patient activity in the UK, 1 Novemebr 2013 - 31 October 2017
Number of transplants and patients on the liver transplant list at 30 April and 31 October



NHSBT report 2017

DK

- **Has potential donor for LDLT**
- **Discussed at listing MDM**
- **What should be do?**
- **Would a PRA >10% or TXM affect choices?**



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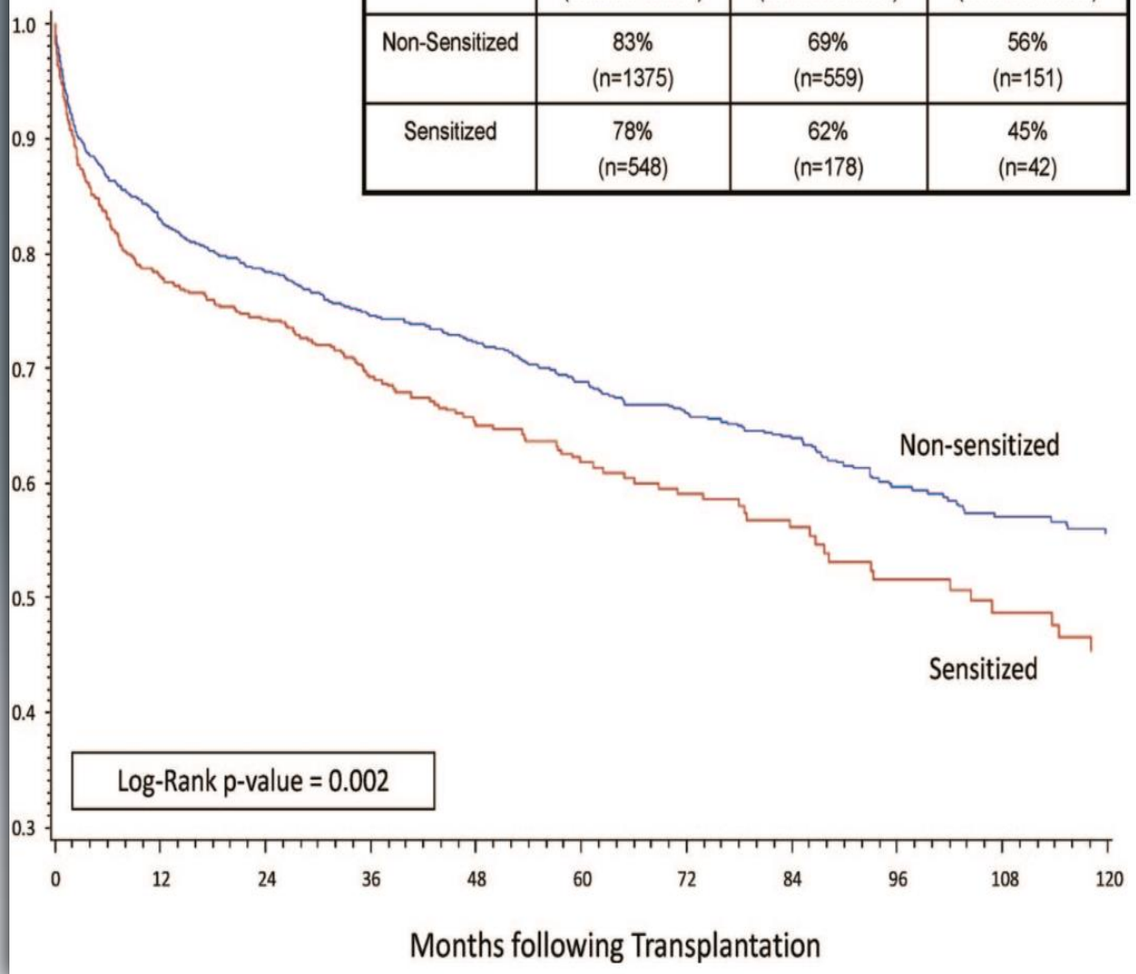
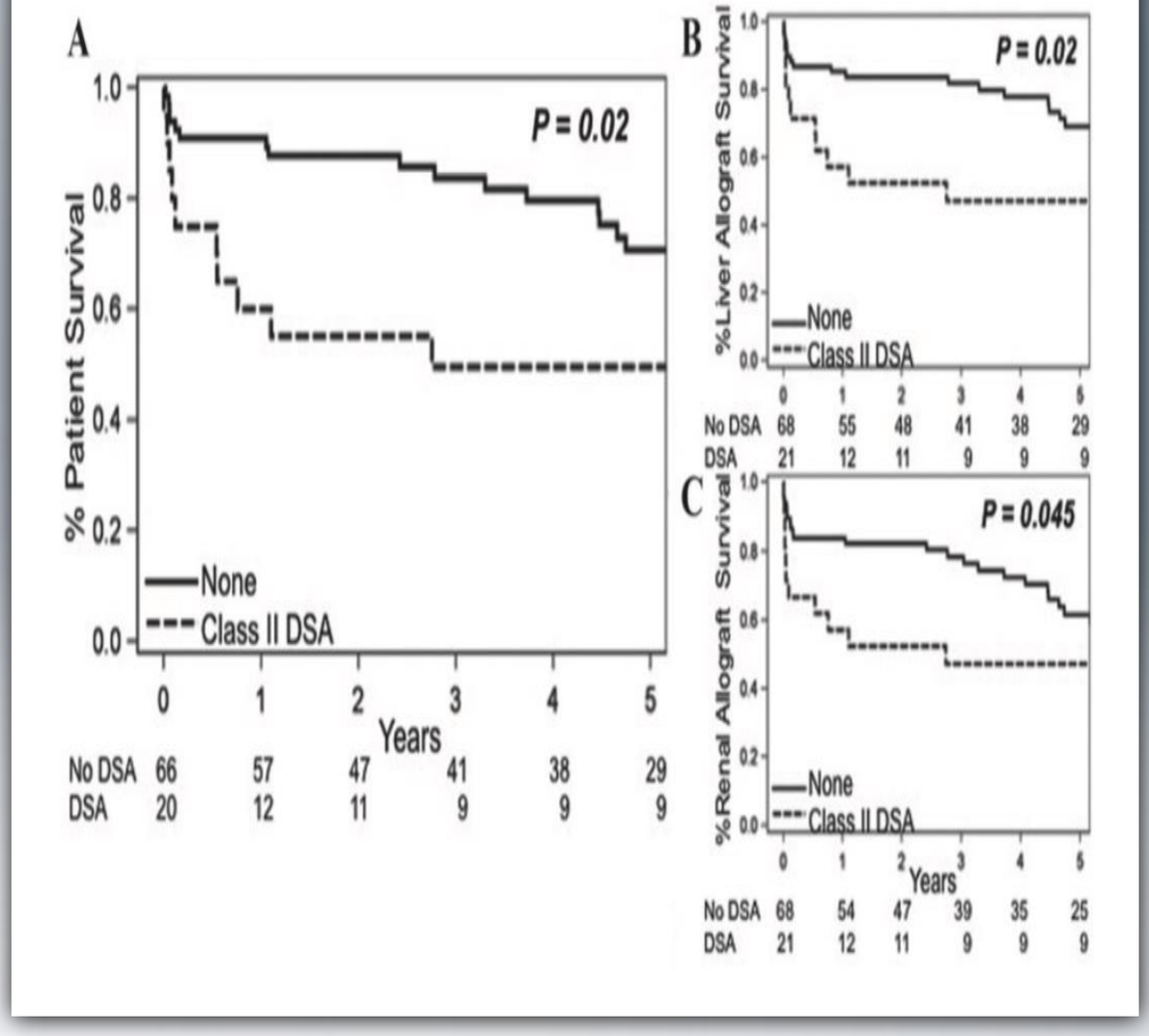
	1-year survival (number at risk)	5-year survival (number at risk)	10-year survival (number at risk)
Non-Sensitized	83% (n=1375)	69% (n=559)	56% (n=151)
Sensitized	78% (n=548)	62% (n=178)	45% (n=42)



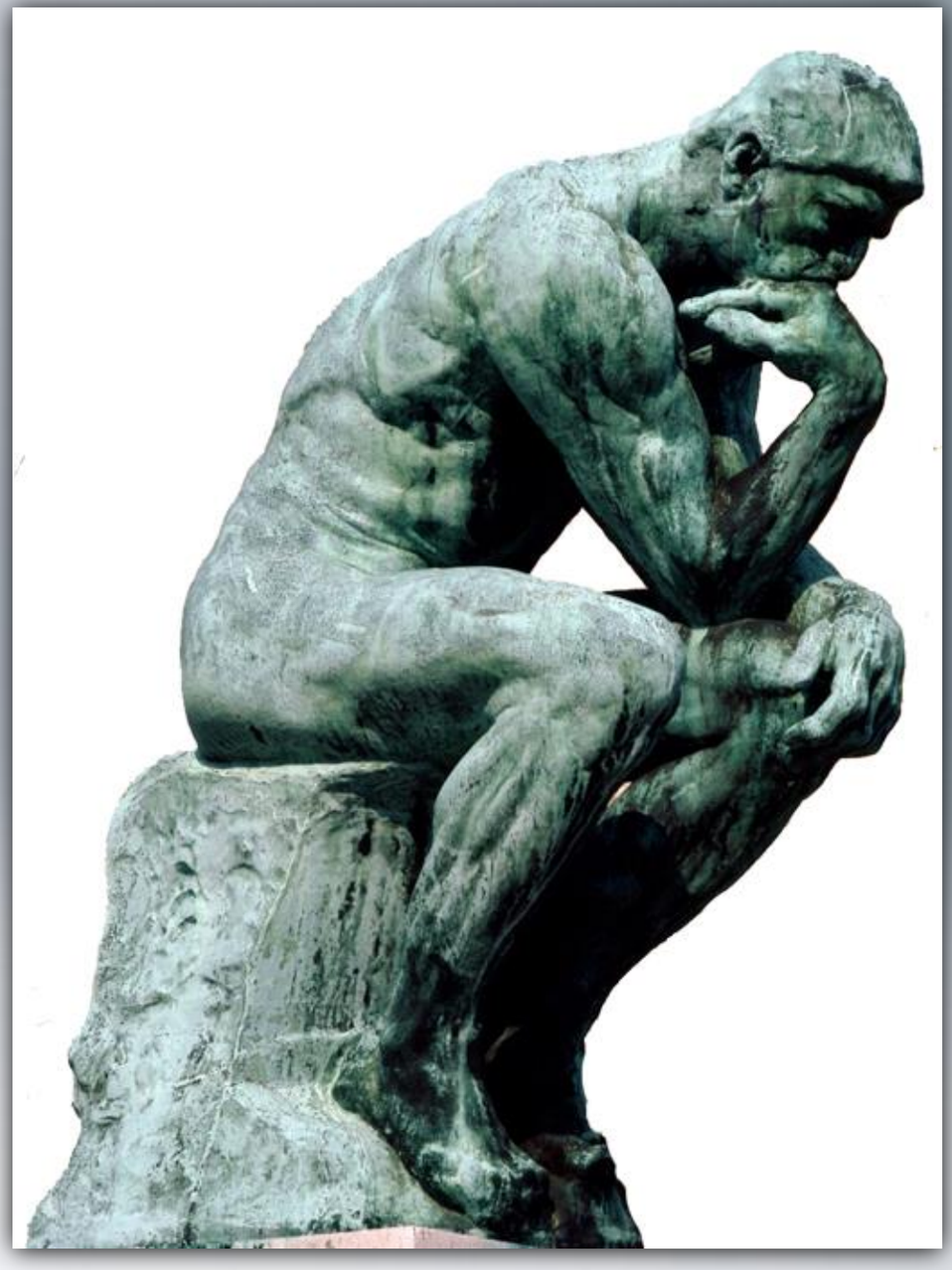


Askar et al. Transplantation • Volume 91, Number 11, June 15, 2011

O'Leary et al. American Journal of Transplantation 2013; 13: 954–960

DK

- **Has potential donor for LDLT**
- **Discussed at listing MDM**
- **What should be do?**
- **“Too sick to wait for a CLKT”**



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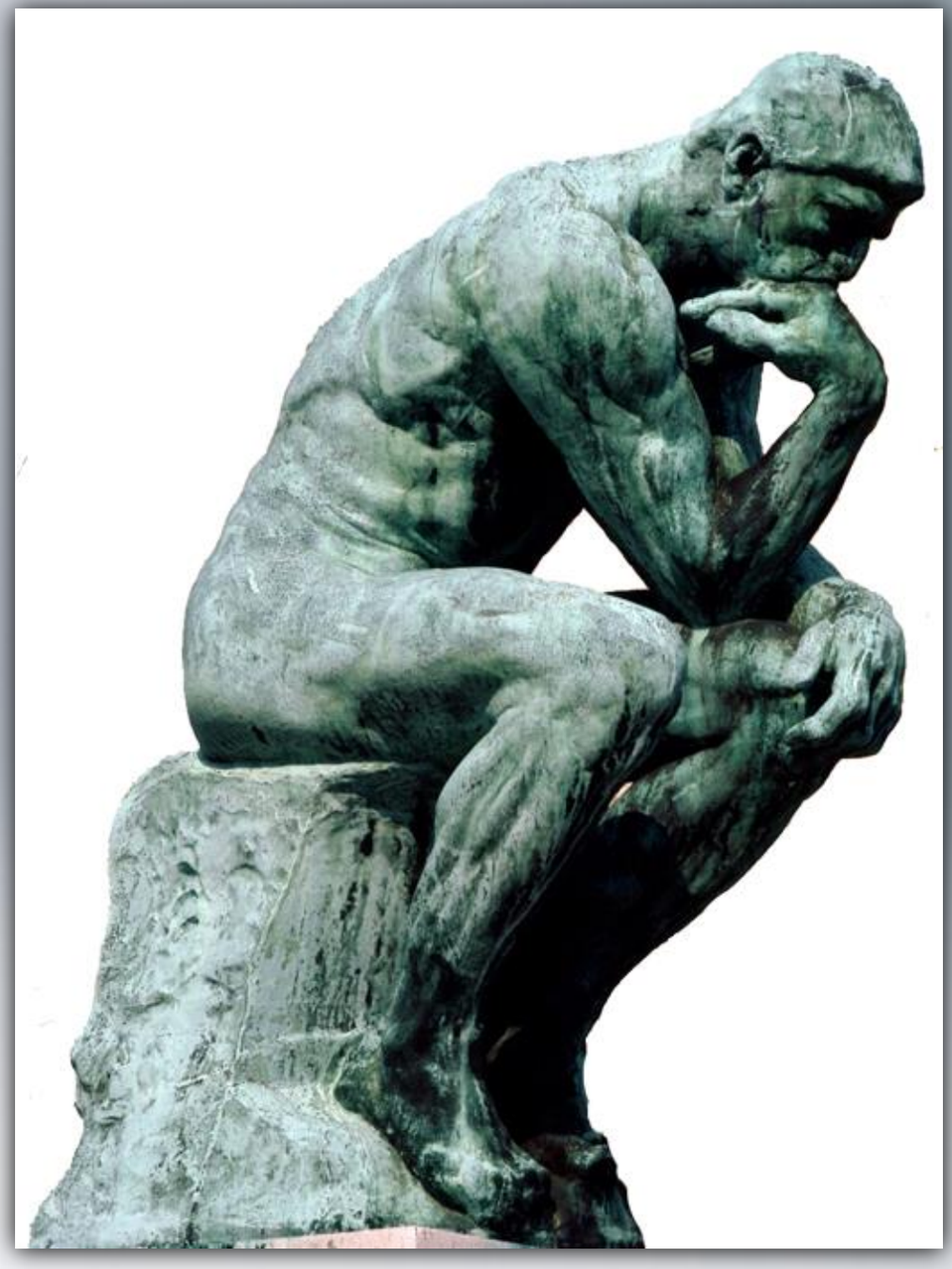
DK

- Has potential donor for LDLT
- Discussed at listing MDM
- What should be do?
- “Too sick to wait for a CLKT”
- Underwent LDLT
- Day 1 Lactate 6; INR 2.1; AST 1180; Bilirubin 62
  - U/S NAD
- What do we do?



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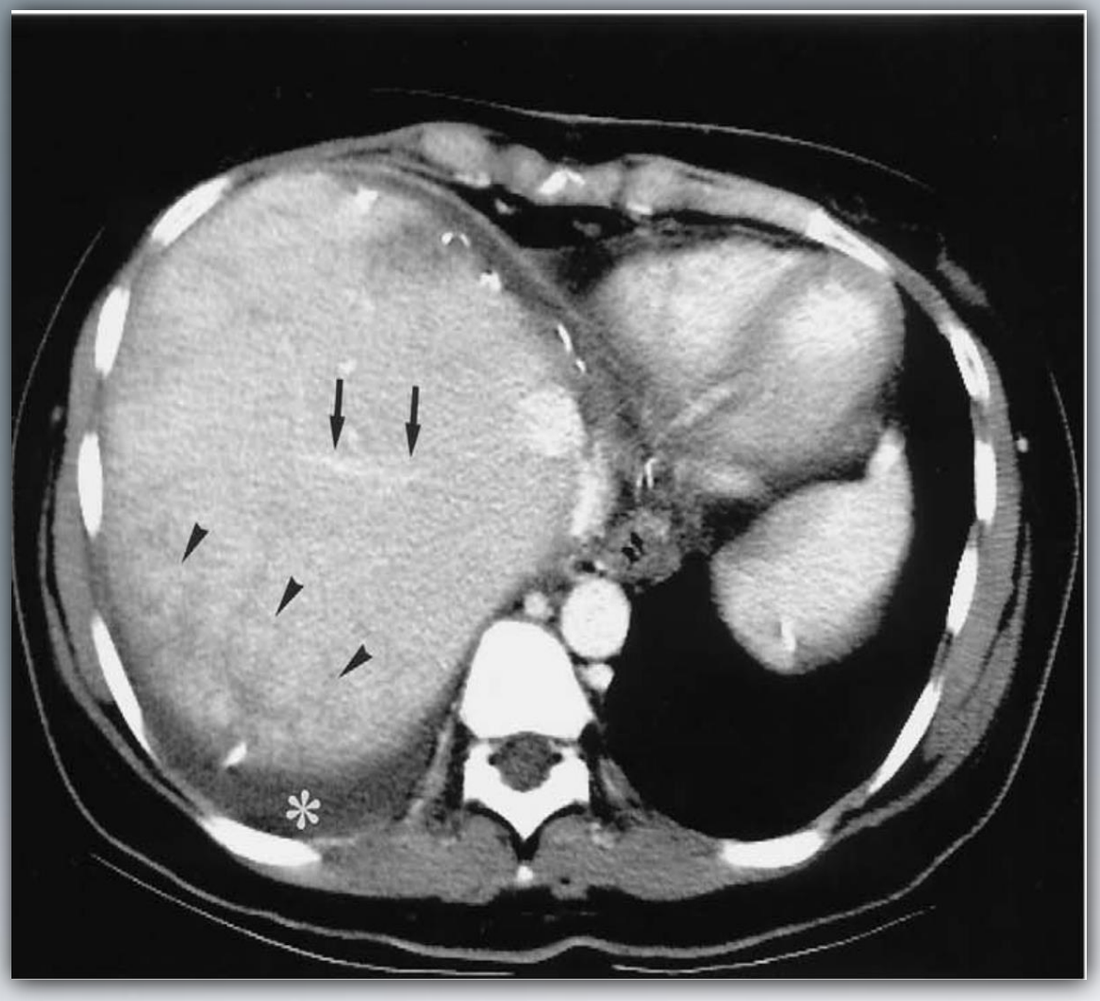

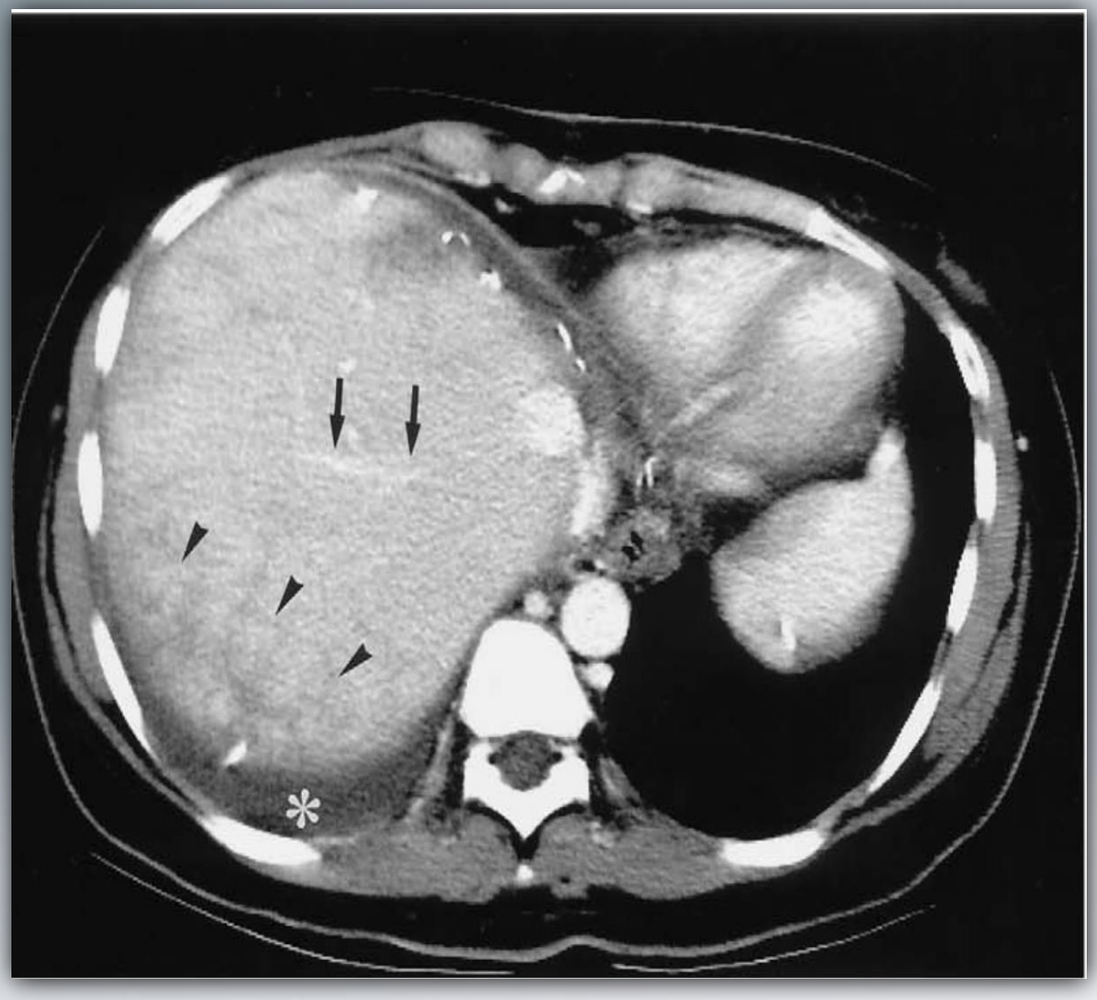

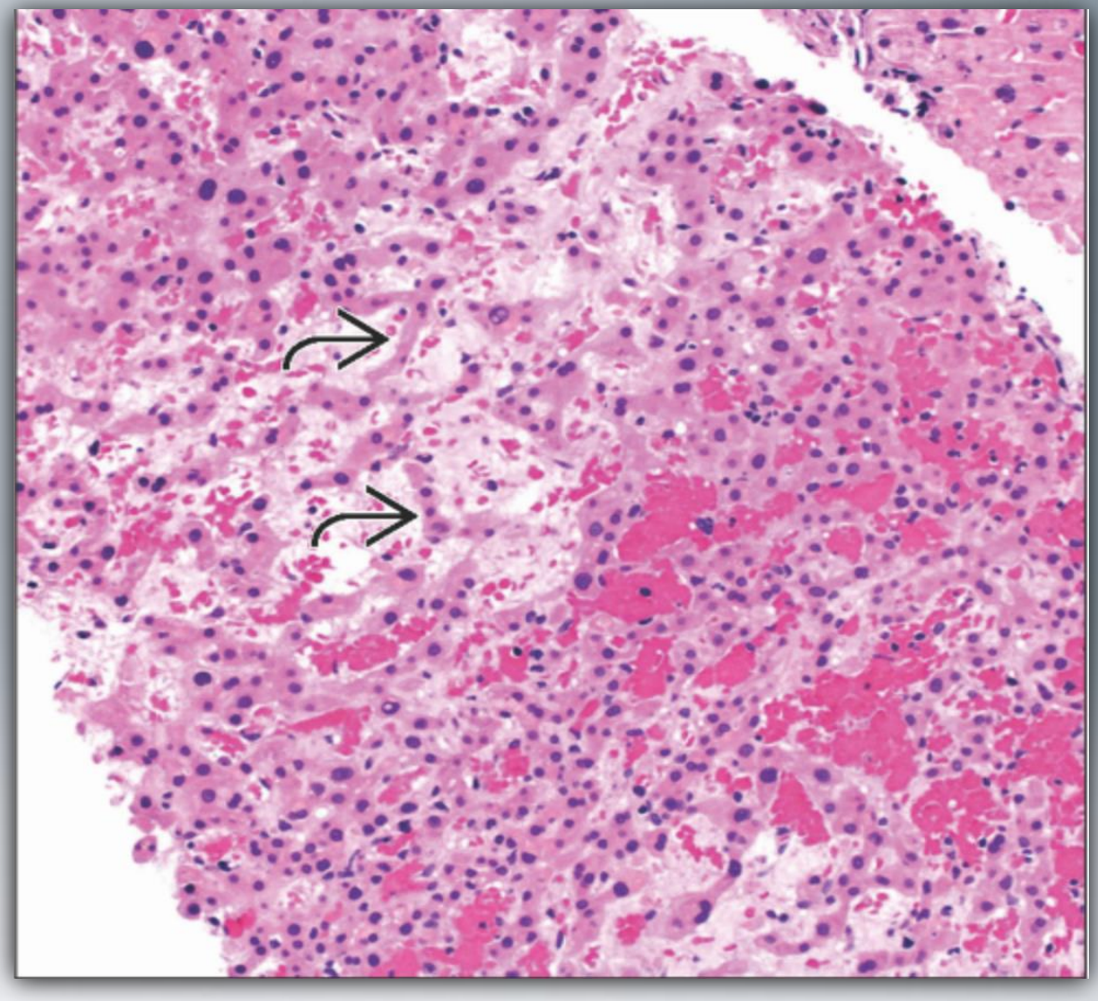

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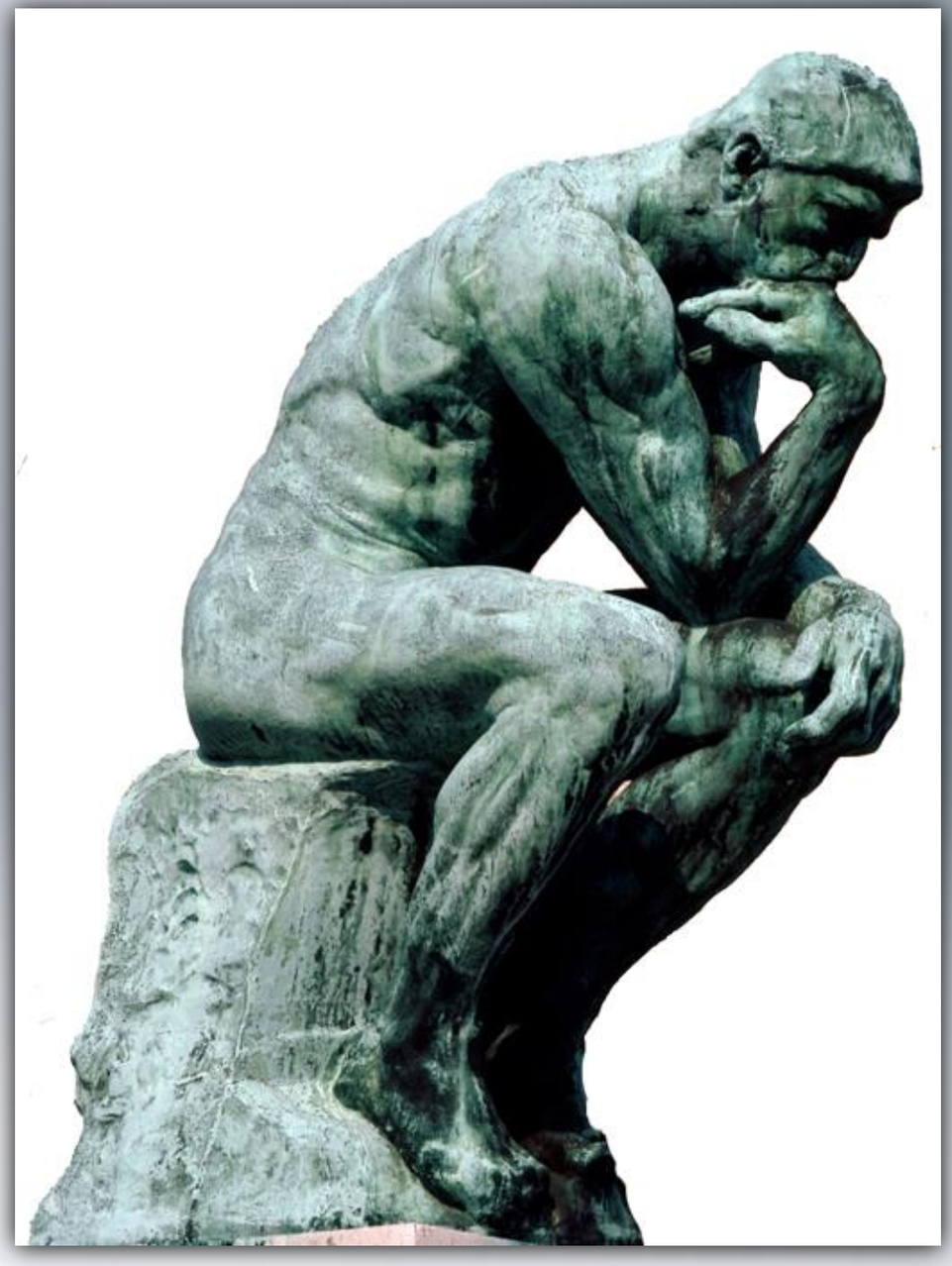
- Discussed at listing MDM
- What should be do?
- “Too sick to wait for a CLKT”
- Underwent LDLT
- Day 1 Lactate 6; INR 2.1; AST 1180; Bilirubin 62
  - U/S NAD
- What do we do?
- Return to theatre for vascular reconstruction



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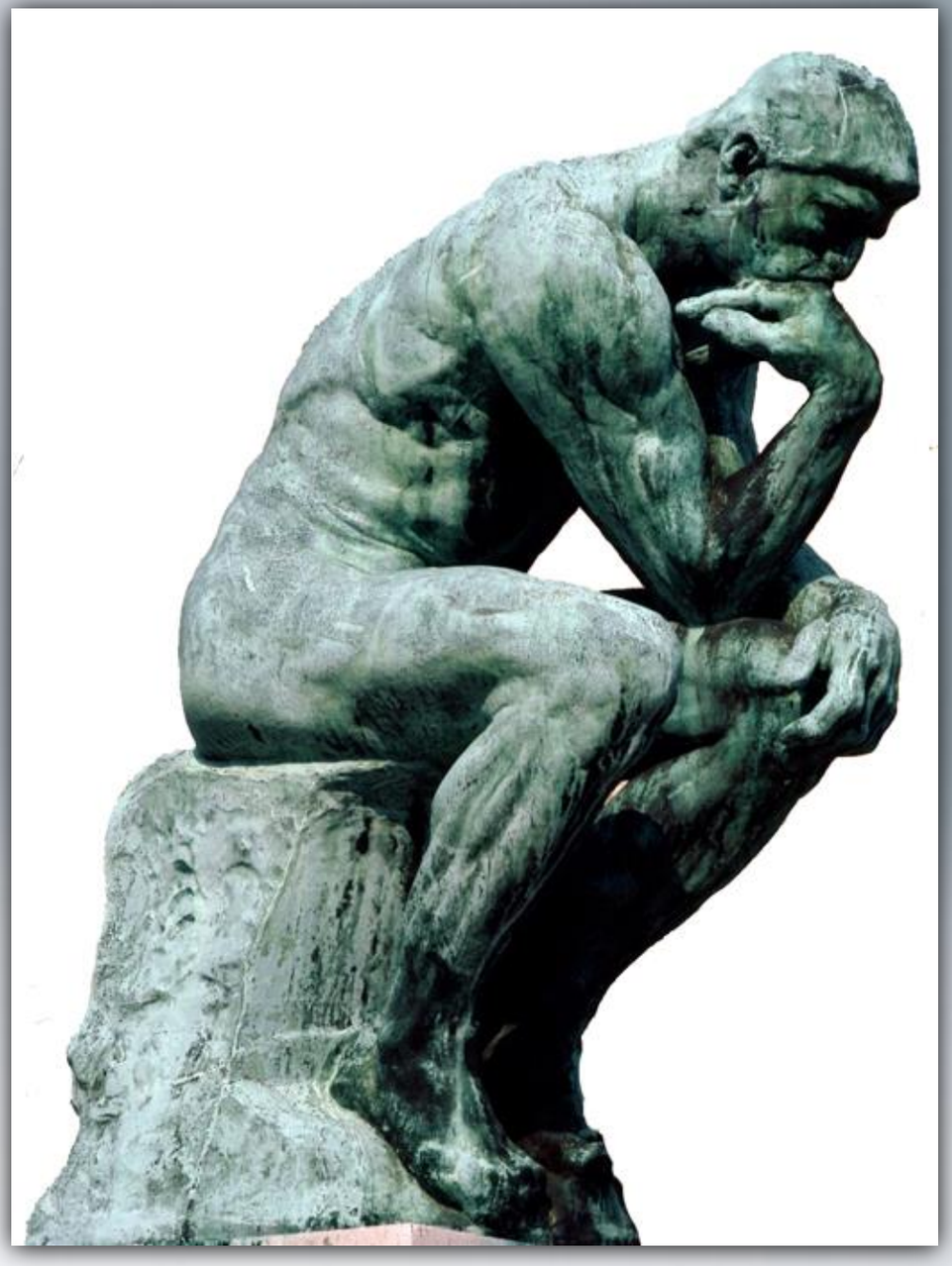
- **Day 8 Lactate 6; INR 1.4; AST 212 (143); Bilirubin 62 (42)**
- **Tacrolimus level 3.8**
- **U/S NAD**
- **What should be do?**



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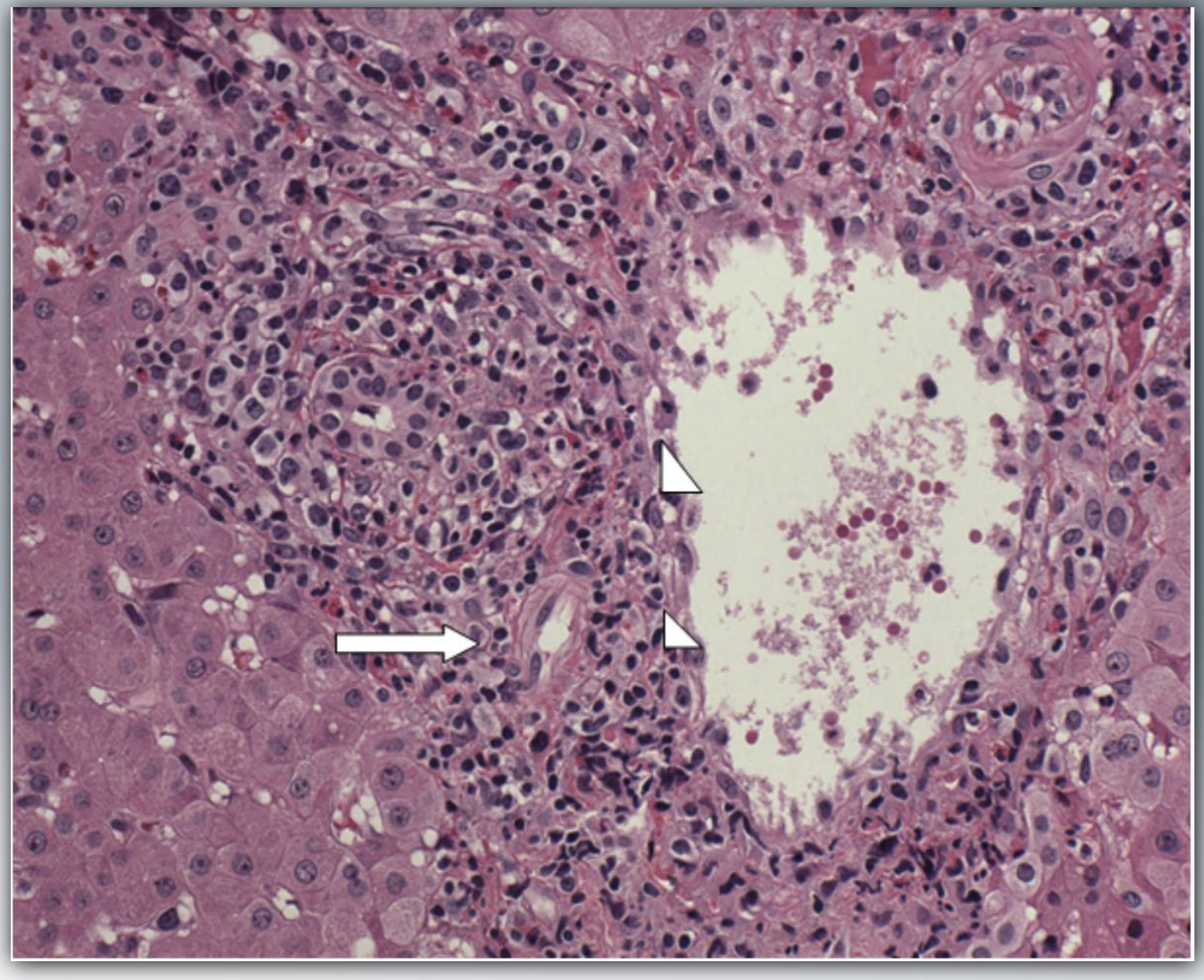
- **Liver Biopsy**



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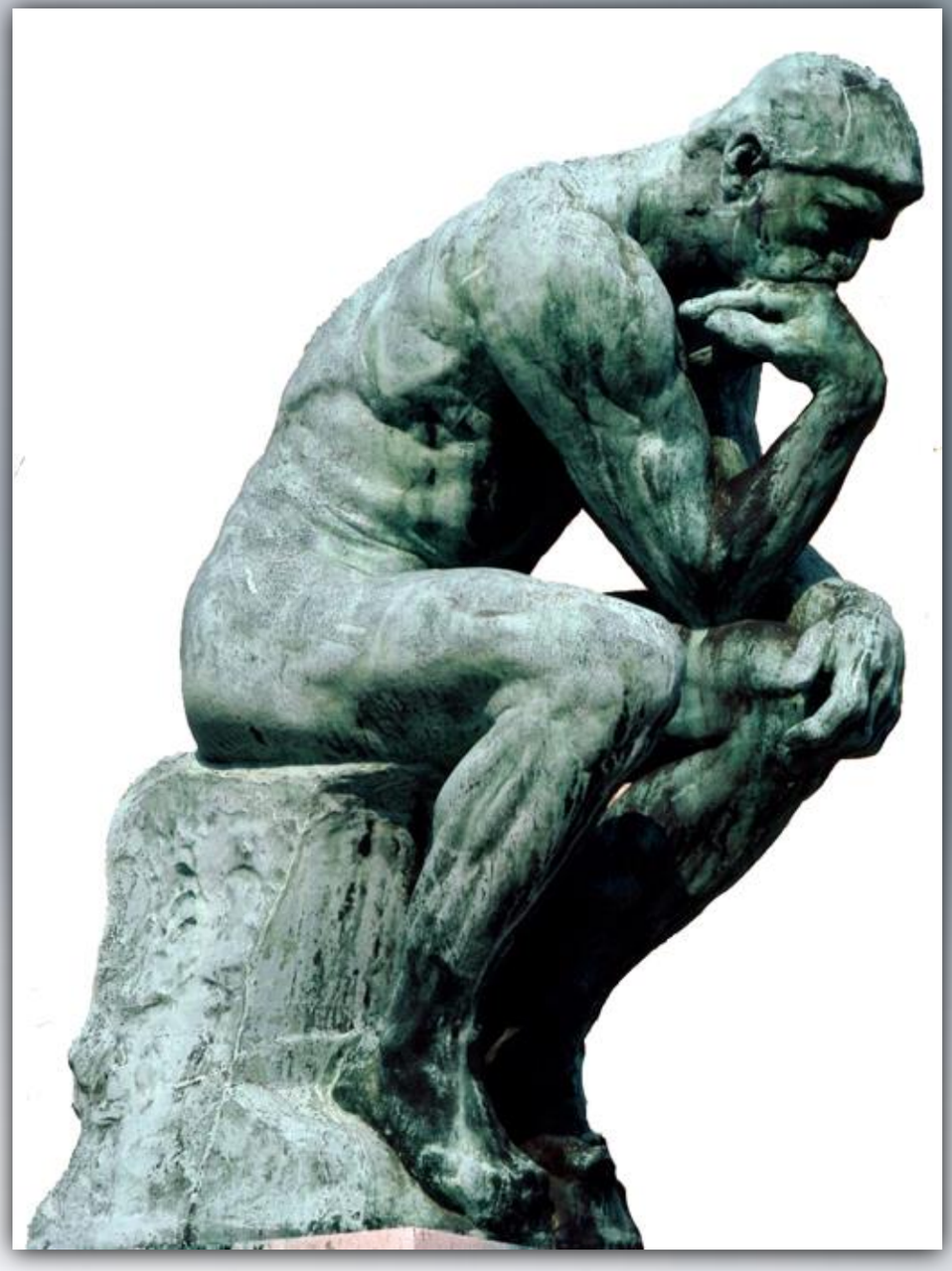

- **Liver Biopsy**
- **Rx with i.v. pulsed steroids**
- **1 month post-LT making good progress**

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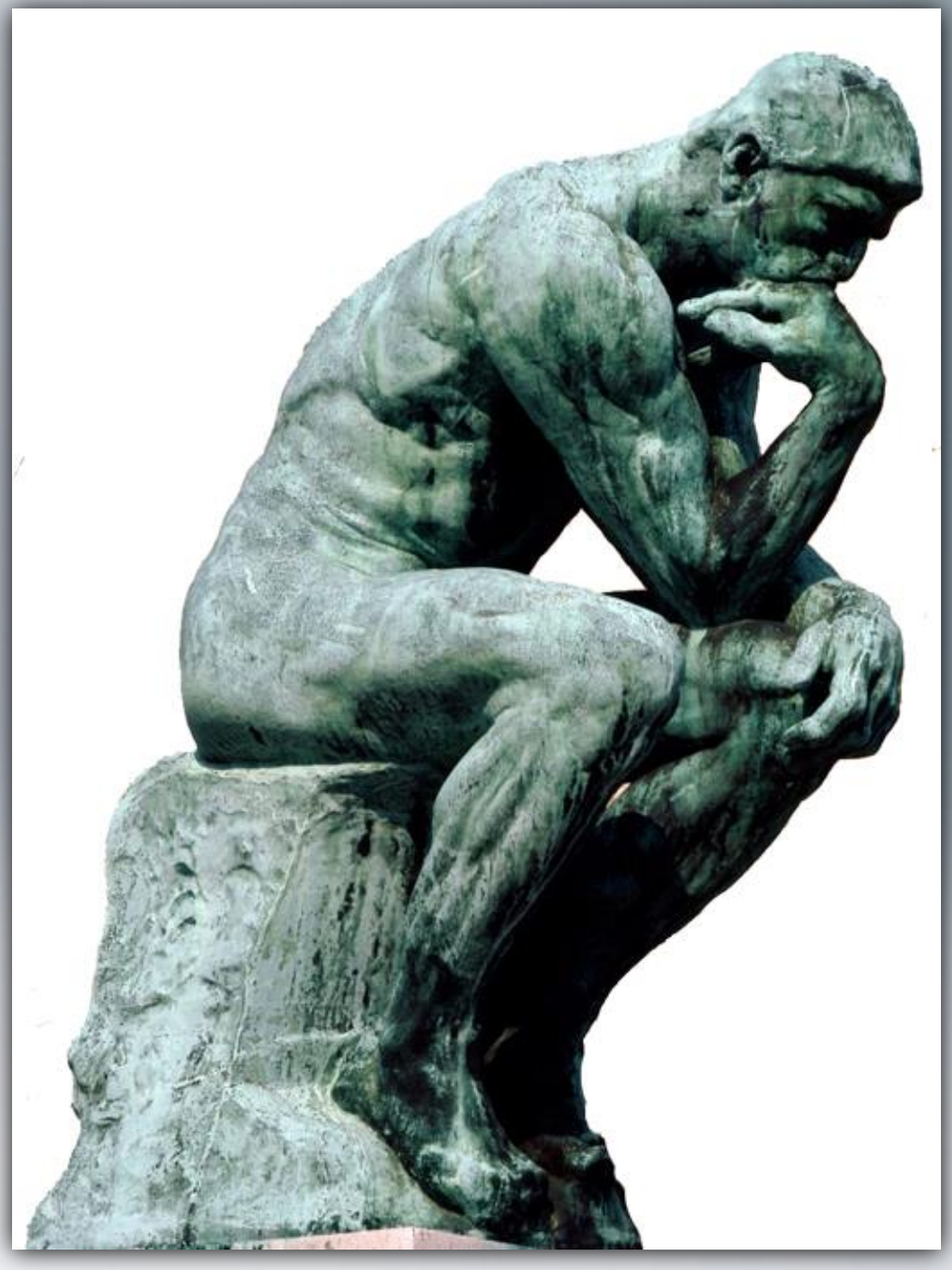
- **CLKT vs SLKT**
- **Sensitization in CLKT**
- **Early complication of LDLT**
- **“Too sick to wait for a CLKT”**
- **When to transplant younger patients?**



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