From:
roberto.tambucci@uclouvain.be
First Author:
Roberto Tambucci, Transplant surgeon, Cliniques Universitaire Saint-Luc, Avenue Hippocrate 10 1200 Brussels
Additional authors:
- Roberto Tambucci - roberto.tambucci@ucluvain.be
- Catherine de Magnée - catherine.demagnee@uclouvain.be
- Aurore Pire - aurore.pire@uclouvain.be
- Vanessa de Meester - vanessa.demeester@uclouvain.be
- Olga Ciccarelli - olga.ciccarelli@uclouvain.be
- Eliano Bonaccorsi-Riani - eliano.bonaccorsi@uclouvain.be
- Laurent Coubeau - laurent.coubeau@uclouvain.be
- Xavier Stephenne - xavier.stephenne@uclouvain.be
- Isabelle Scheers - isabelle.scheers@uclouvain.be
- Françoise Smets - francoise.smets@uclouvain.be
- Etienne Sokal - etienne.sokal@uclouvain.be
- Raymond Reding - raymond.reding@uclouvain.be

Topic:
Liver & Intestine
Abstract titel:
Deceased Donor versus Living Donor Liver Transplantation for Biliary Atresia: single center experience in 353 patients
Abstract body:
AIM: To evaluate outcomes of liver transplantation (LT) for biliary atresia (BA) according to patients and donors characteristics. METHODS: Primary LT for BA performed between 1993 and 2016 were retrospectively analyzed. 5y-patient and graft survivals were studied according to age at LT (before/after 2 years-old), previous Kasai operation, and type of donor (living-donor, LD vs deceased-donor, DD). 353 children were transplanted due to BA (54.8% of whole series), using 120 DD (48 full-size, 20 splits, 52 reduced-size) and 233 LD grafts. 268 patients (75.9%) received Kasai operation before LT. RESULTS: Median age was significantly lower in case of LD-LT (0.87y;0.36-10.85), comparing to DD-LT (1.43y;0.32-15.69)(p<.0001). 275 patients were transplanted <2y (201 ld and 74 dd) 78>2y (32 LD and 46 DD). Re-transplantation rate was 9.3%. Patient and graft survivals were comparable for patients transplanted >2y (98.6% and 90.7%, respectively) vs <2y (94.1% and 92.1%)(p=0.6605 and 0.4723). Analyzing the subgroup of children <2y, patient and graft survivals were significantly higher after LD-LT (95.0% and 94.8%), than after DD-LT (88.9% and 82.2%)(p=0.0233 and 0.0002). No differences were recorded when LT was performed >2y using LD-LT or DD-LT (p=0.3836 and 0.7247). Outcomes were comparable if Kasai operation was or was not performed before LT (p=0.8808 and 0.3324). CONCLUSIONS: The use of LD-LT allowed to transplant children at a younger age, when compared with DD-LT. When LT was performed before the age of 2, LD-LT achieved better outcomes in both patient and graft survivals. Previous Kasai operation had no impact on post-LT outcomes.