The CT angiogram showed evidence of arterioportal shunting in segment VII of the liver likely secondary to arterioportal fistula with high-density layering contents suggestive of hemorrhage within the gallbladder and CBD. A digital subtraction angiography (DSA) was done in the view of embolization, super-selective catheterization beyond the fistula done, 018 fiber coils assisted with methyl glue used to embolize the fistula.

A repeat CT angiogram showed resolution of the fistula. Four weeks later the same patient underwent donor hepatectomy and the right lobe with MHV was transplanted to the recipient who had cryptogenic chronic liver disease (CLD) with decompensation, the patient and the recipient did well in the postoperative period with no complications and the patient was discharged home on day 7. The stent was removed 4 weeks after surgery.

Conclusion: Hepatic arterioportal fistula is a rare complication of liver biopsy; an early diagnosis and aggressive management using a multidisciplinary approach are needed to have a good outcome and liver biopsy should be done with extreme caution in centers where there is expertise.

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EXTRA-ANATOMIC HEPATIC ARTERY RECONSTRUCTION IN DECEASED DONOR

V Kapileshwer

Department of GI Surgery and Liver Transplantation, Army Hospital R and R, Delhi Cantt., India

Background: Hepatic arterial inflow to the liver graft following liver transplantation is critical to graft survival. Standard recipient to donor hepatic artery anastomosis may not be feasible when recipient hepatic artery is not available due to injury or recipient hepatic artery flow is inadequate. Extra-anatomic hepatic arterial reconstruction during deceased donor liver transplantation is required in these situations to ensure adequate hepatic arterial blood flow to the liver graft. Also, it is usually required during emergency revascularization of the liver graft following hepatic artery thrombosis (HAT) and in re-transplantations. The outcome in such patients is analyzed.

Method: A retrospective analysis of 30 patients who underwent deceased donor liver transplantation (DDLT) from March 2007 to May 2010 was done to assess the outcome of extra-anatomic arterial inflow reconstruction. DDLT with standard end-to-end hepatic artery anastomosis performed in 24 patients served as control. Extra-anatomic arterial reconstruction in the form of 7 aortic conduits was performed in 6 patients. The preferred choice of extra-anatomic hepatic arterial inflow reconstruction was to fashion an infrarenal aortic conduit using stored donor iliac artery graft routed through the base of the transverse mesocolon.

Result: Extra-anatomic hepatic arterial reconstruction was not associated with increased morbidity, mortality, operating room time, or thrombosis.

Conclusion: We conclude that extra-anatomic hepatic arterial reconstructions are associated with excellent long-term outcomes and provide acceptable alternatives for arterial reconstruction in DDLT.

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COMPRESSION OF THE INFERIOR VENA CAVA DUE TO CONGESTED LIVER DURING DECEASED DONOR LIVER TRANSPLANTATION

J Sathyanesan, S Rajagopal, V Velayutham, S Eswaran

Institute of Surgical Gastroenterology, Govt Stanley Hospital, Royapuram, Chennai, India

Case Report: A 42-year-old male was admitted to our hospital with the diagnosis of alcohol-induced decompensated liver disease. He underwent deceased donor liver transplantation on 09.03.2011. Caval anastomosis was done by a piggy-back technique to the common cloaca of the recipient hepatic veins. After the reperfusion, the liver got congested and compressed the inferior vena cava (IVC) causing persistent hypotension. To relieve the hepatic outflow obstruction, side-to-side anastomosis between recipient IVC and donor IVC was done. Even after cavo-caval anastomosis, the hepatic outflow obstruction persisted. Lifting the liver anteriorly and slightly downward relieved the hepatic outflow obstruction which in turn relieved the IVC compression. Liver was then fixed to the anterior abdominal wall to maintain the position. Patient is on regular follow-up and doing well.

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BILIRUBIN AS A PREDICTOR OF EARLY MORTALITY AFTER LIVER TRANSPLANTATION

S Kalghatgi, S Vivek, U Dattaram, ST Binoj, P Nitin, M Ramachandran, G Unnikrishnan, B Dinesh, OV Sudheer, D Puneet, N Subhalal, S Sudhindran

Amrita Institute of Medical Sciences, Kochi, Kerala, India

Background: High postoperative serum bilirubin is a marker of poor graft function and is often considered as an independent risk factor for mortality after liver transplantation. However, prolonged cholestasis with spontaneous recovery is not uncommon following liver transplantation.

Aim: To determine the accuracy of postoperative serum bilirubin in predicting early mortality (3 months) in patients undergoing liver transplantation with a view to identify a cut-off value and a time period with the best predictive value.