recipients and donors with well-preserved liver function received the standard 4-drug ATT (Isoniazid, Rifampicin, Pyrazinamide and Ethambutol). Two recipients (4%) and 1 donor (8%) who were being evaluated for LDLT or donor hepatectomy and had concurrent TB infection could not undergo surgery. The median follow-up in recipients and donors was 21 months (range 1–54 months) and 12 months (range 7–54 months), respectively. Five recipients died in the follow-up period, none of the deaths were related to TB and 2 recipients developed ATT-related mild transient hepatitis. There were no TB or ATT-related complications in the donors.

Conclusion: The incidence of TB in prospective liver-transplant recipients and donors is high in TB-endemic areas. Using an effective, modified liver-safe anti-TB regimen allows an apt management of these cases and successful LT with good outcomes. TB should not be considered as an absolute contraindication for LDLT; however, adequate treatment of the disease and strict surveillance should be ensured. There may be a role of including diagnostic tests for TB in the routine evaluation of both recipients and donors in endemic areas.

7

ACUTE LIVER FAILURE IN GIANT CELL HEPATITIS—SUCCESSFUL ADULT-TO-ADULT RIGHT LOBE LIVING-RELATED LIVER TRANSPLANTATION

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Background: Giant cell hepatitis is rare in adult population. It is characterized by the presence of multinucleated cells in the liver as an unusual non-specific tissue reaction to various stimuli. Clinical spectrum is variable and rarely may it present as an acute liver failure. Experience over acute liver failure in giant cell hepatitis and liver transplantation is limited.

Method: A 21-year-old male was admitted with complaints of fever, joint pain and maculopapular rash with progressively increasing jaundice. His hepatitis A IgM antibody

was positive and the rest of the viral markers (hepatitis B, hepatitis C, cytomegalovirus, Epstein bar virus, hepatitis E and human immunodeficiency virus) were negative. Bone marrow study was unremarkable and anti-nuclear antibodies (1:40 titers) were positive with non-specific M spike on immune electrophoresis. Transjugular liver biopsy showed liver necrosis with no evidence of granulomatous pathology or malignancy or atypical lymphoid cells. After 6 weeks of the onset of fever and 20 days of jaundice, the patient developed hepatic encephalopathy with prolongation of prothrombin time (PT/INR: 66.1/6.2). The patient underwent emergency living-related liver transplantation (LRLT) of right lobe with middle hepatic vein. Explanted liver histopathology revealed viable hepatocytes in zone 3 with extensive giant cell transformation and marked cellular cholestasis. Areas of collapse showed Kupffer cell prominence with bile stasis and increased chronic inflammatory cells. Portal areas showed a conspicuous ductular proliferation and a mild increase in chronic inflammation. He was started on Prednisolone, Mycophenolate mofetil, and Tacrolimus immunosuppression. The patient was discharged from the hospital after 26 days and is asymptomatic at follow-up. Postliver transplant liver function tests (LFTs) showed mildly elevated transaminases (Table 2).

Conclusion: Giant cell hepatitis rarely may present with ALF in adults and the LRLT shows early promising result.

8

SUCCESSFUL THROMBOLYSIS OF EARLY ASYMPTOMATIC HEPATIC ARTERY THROMBOSIS AFTER RIGHT LOBE ADULT-TO-ADULT LIVING-RELATED LIVER TRANSPLANTATION

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Introduction and Background: Early hepatic artery thrombosis is a devastating complication after living-related liver transplantation (LRLT). Surgical revascularization or

Table 2 Postliver transplant liver function tests.

LFT	Pre-operative	LRLT	Discharge	1 month	4 months	10 months
Sr. Bill. (mg/dL)	5.9	18.96	1.38	0.74	0.77	1.0
AST (IU/L)	944	1469	39	64	42	30
ALT (IU/L)	647	774	72	123	115	42
SAP (IU/L)	141	57	110	55	51	63
GGT (IU/L)	110	22	64	55	30	18
Alb (g/dL)	1.9	2.4	3.1	4.0	4.0	3.8
INR	1.5	6.2	0.9	0.9		

AST: Aspartate aminotransferase; ALT: alanine aminotransferase; SAP: serum alkaline phosphatase; GGT: gamma-glutamyl transpeptidase; Alb: albumin; INR: international normalized ratio; LRLT: living-related liver transplantation; LFT: liver function tests.