<10 Kg, of which 4 (22%) died. Mean hospital stay was 29 days (15–63 days).

Conclusion: Pediatric LDLT is well established in India with results comparable with the best centers internationally. Overall survival was inferior in <10 Kg babies. Immediate complications, although frequent, are manageable. Long-term complications are uncommon.

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CLADOPHIALOPHORA BANTIANA CAUSING BRAIN ABSCESS FOLLOWING LIVER TRANSPLANT—A CASE REPORT

S Choudhury, R Aggarwal, C Supraja, S Rao, AJ D'Cruz
Pediatric Solid Organ Transplant Group, Narayana Hrudayalaya, Bangalore

Background: Fungal brain abscess is an infectious complication following liver transplantation reported in medical literature. Although rare, this infection is associated with high morbidity and mortality.

Aim: To share the experience of a child with *Cladophialophora bantiana* fungal brain abscess postliver transplantation in our institute.

Case Report: A 6-year-old boy underwent living donor liver transplantation for biliary atresia. Immediate post-operative period he developed hepatic artery thrombosis; re-exploration followed by endovascular intervention re-established arterial flow. Thirty-four days after transplantation, he developed right-sided focal seizures. CT scan of the brain revealed a left frontal lobe abscess. Neuro-navigation-aided aspiration of abscess demonstrated dematiaceous fungi on KOH mount. Liposomal Amphotericin B therapy was commenced. *C. bantiana* was grown in culture. Sequential MRI scans showed progression of the abscess, necessitating repeat aspiration followed by craniotomy. The progression was arrested by a combination of open craniotomy and a combination of antifungal therapy.

Discussion: The incidence of fungal infection following liver transplantation varies between 10% and 40%; common pathogens include *Candida* and *Aspergillus* species. *Cladophialophora* infection is very rare—no pediatric case has been reported so far. Adult experience suggests a

refractory infection with a high mortality rate. We present this case as a difficult clinical problem and a unique pediatric experience.

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EXCELLENT OUTCOME OF LIVING DONOR LIVER TRANSPLANTATION IN PATIENTS WITH HEPATOPULMONARY SYNDROME—A SINGLE CENTER EXPERIENCE

S Saigal, N Saraf, B Ragesh, R Mohanka, R Kakodkar, A Rastogi, S Goja, P Balachandran, AS Soin

Institute of Liver Transplantation and Regenerative Medicine; Institute of Digestive and Hepatobiliary Sciences, Medanta—The Medicity, Gurgaon, India

Introduction: Hepatopulmonary syndrome (HPS) is characterized by a defect in arterial oxygenation induced by pulmonary vascular dilatation in the setting of liver disease. Liver transplantation (LT) can result in complete resolution of the HPS even in its most severe presentation.

Method: Ten patients underwent living donor LT for HPS between June 2005 and May 2011. Eight of 10 were males (mean age 47.3 years). All patients were prospectively evaluated and fulfilled the standard diagnostic criteria for HPS.

Result: All 10 patients had demonstrable shunt on contrast echocardiography. Two patients had severe HPS ($\text{PaO}_2 \leq 50$ mmHg), 4 had moderate HPS ($\text{PaO}_2 > 50$ and ≤ 60 mmHg), and 4 had mild HPS ($\text{PaO}_2 > 60$ and ≤ 80 mmHg). The mean PaO_2 level was 56.7 mmHg. On macro-aggregated albumin (MAA) scan, the mean shunt fraction of 10 patients was 17.5%. Four patients were in Child's Class B and 6 in Child's C, mean MELD score was 18.5. Cyanosis at presentation was seen in 6 patients. All patients underwent right lobe living donor LT. The overall time to extubation was longer in HPS patients (mean 6.1 days, range 1–32 days). The main complications were chest infection in 5, acute rejection in 1, cytomegalovirus infection in 1, and ophthalmic herpes in 1 patient. All were doing well and off oxygen support at a mean follow-up of 30.4 months.

Conclusion: Excellent outcomes of living donor liver transplantation can be obtained in patients with HPS.