Liver transplantation in patients coinfected with human immunodeficiency virus (HIV) and hepatitis C virus (HCV)

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Liver transplantation in patients coinfected with human immunodeficiency virus (HIV) and hepatitis C virus (HCV) is not considered to be an absolute contraindication. However, there are very few standardized treatment regimens.

We present a transplant recipient coinfected with human immunodeficiency virus (HIV) and hepatitis C virus (HCV). The patient had controlled HIV infection, no previous AIDS events or opportunistic infections and an undetectable HIV plasma viral load. HCC was diagnosed and was managed by TACE preoperatively. He underwent living donor liver transplantation and was discharged without no postoperative complications. The protocol of immunosuppression, antiviral management and postoperative lab follow up is quite different from that of ordinary liver transplantation.

Effectiveness of intraportal prostaglandin E1 administration after liver transplantation

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Purpose: Prostaglandin (PG) E1 has been used to improve hepatic blood flow and to reduce ischemia reperfusion injury of allograft in liver transplantation. However, PGE1 undergoes extensive metabolic clearance in the pulmonary and splanchnic circulation during intravenous administration, and the concentration of PGE1 reaching the hepatic allograft is much decreased. This study analyzed the effect of intraportally administered PGE1 on hepatic blood flow and allograft function following adult liver transplantation.

Methods: Sixty living or deceased donor liver transplant recipients received continuous infusion of PGE1 (0.73 mcg/kg/hr) for 10 days immediately after reperfusion of the allograft. Of them, forty recipients received intraportally (IP group) via internal jugular vein, and the rest twenty recipients received intraportally (IP group) through the catheter in the inferior mesenteric vein. Postoperative three-week data were collected. We investigated the incidence of venous catheter related complication, change in perihepatic hemodynamics, and postoperative laboratory parameters.

Results: In IP group, chylorous ascites was observed more frequently (20% vs. 5%; p=0.005). During the first postoperative week, there was no difference in hepatic arterial and portal venous flow measured by Doppler sonogram between two