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Use of a right lateral sector graft in living donor liver transplantation.

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Introduction: Living donor liver transplantation (LDLT) is performed more frequently than deceased donor liver transplantation (DDLT) in Asian countries. Our group firstly reported the usage of right lateral sector graft (RLSG) for LDLT in 2001. In this study, we report donor and recipient outcomes using RLSG.

Methods: LDLTs performed from January 2000 to December 2021 in our center were retrospectively analyzed. RLSG was chosen if the left or right liver graft were unappropriated. In this period, we performed 661 LDLTs and used RLSGs in 42 patients (6.4%).

Results: The median age of donor and recipient were 41.5 [Interquartile range (IQR): 30-49] and 47 [IQR: 32-56], the median MELD score was 15.6 [IQR: 12.6-20.9], median operation time of donor and recipient were 525 minutes [IQR: 449-567] and 857 minutes [IQR: 745-968], median graft volume was 458g [IQR: 402-516] and median graft to recipient standard liver volume ratio was 40.9% [IQR: 36.6-46.1]. The major complication ratio (Clavien-Dindo classification grade: C-D was three or more) was 7.1% (3 patients). No donor mortality occurred. The major complication ratio of the recipient was 50% (21 patients), and the mortality ratio was 9.5% (4 patients). Hepatic artery thrombosis and venous stenosis (C-D was three or more) occurred in 9.5% (4 patients), portal vein stenosis (C-D was three or more) occurred in 7.1% (3 patients), bile leakage (C-D was three or more) occurred in 11.9% (5 patients), and biliary stenosis occurred in 38.1%(16 patients). 5-year survival rate was 80%, and the 10-year survival rate was 73%.

Conclusion: RLSGs are a feasible graft option in LDLT, but indications should be carefully considered because RLSGs may cause more major complications than right and left liver grafts.