

Submission No.: PG01-5338

Session : Postgraduate Course 1 (Liver)

Date & Time, Place : November 17 (Thu), 08:30-10:00, Room 3F-1

Session Title : Living donor Hepatectomy (Video session)

Graft thickness reduction of left lateral segment in pediatric liver transplantation

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Mureo Kasahara, Akinari Fukuda, Seisuke Sakamoto. Reducing graft thickness is essential to prevent large- for- size graft problems in pediatric living donor liver transplantation (LDLT). However, long- term outcomes of LDLT using reduced- thickness left lateral segment (LLS) grafts are unclear. In 119 patients who underwent LDLT using reduced LLS grafts between 2005 and 2022, short- term and long- term outcomes were compared between a nonanatomically reduced LLS (NAR- LLS) graft group and a reduced- thickness LLS graft group. Estimated blood loss was lower and abdominal skin closure was less needed in the recipient operation in the reduced- thickness LLS graft group. Postoperatively, portal vein (PV) flow was significantly decreased in the NAR- LLS graft group, and there was shorter intensive care unit (ICU) stay and fewer postoperative complications, especially bacteremia, in the reduced- thickness LLS graft group. Graft survival at 1 and 3 years after LDLT using reduced- thickness LLS grafts was 95.2% and 92.4%, respectively, which was significantly better than for NAR- LLS grafts. Multivariate analysis revealed that fulminant liver failure, hepatofugal PV flow before LDLT, and NAR- LLS graft were associated with poor graft survival. In conclusion, LDLT using reduced- thickness LLS grafts is a safe and feasible option with better short- and long- term outcomes in comparison with NAR- LLS grafts.