

ABSTRACT - TALKS

Living Donor Liver Transplantation in Adults

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In Hong Kong, the donor rate from brain stem dead person is 0.6 per million population per year. Such a donor rate is impossible to meet the need of 6 million population in which hepatitis B viral infection is prominent. To overcome graft supply deficiency, we designed the operation of harvesting an extended left lobe graft from an adult and implanting it into an adult recipient in 1994. The left lobe liver graft functioned well in 3 patients with fulminant hepatic failure, but not in 2 patients with cirrhosis and preexisting portal hypertension. To provide a larger size liver graft for an adult without the graft sustaining injury from portal hypertension and intraoperative and postoperative injury, we designed an operation of harvesting an extended right lobe graft from an adult and its implantation into the right subphrenic cavity in 1996. Sixteen such transplants were performed, the majority of which were performed in emergency situation. All liver grafts functioned well. Only 2 patients were lost: one due to systemic candidiasis and the other due to portal vein thrombosis. In 9 cases, the donor body weight was less than that of the recipient. The use of extended right lobe grafts overcomes the limitation of graft size in adult-to-adult liver donor liver transplantation. It provides an alternative for liver transplantation in adults, especially in the situation of acute or acute-on-chronic liver failure.