

TRANSPLANTATION – A SURVIVAL CHANCE. CLINICAL CASE

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Introduction:

Malnutrition increases overall mortality of liver cirrhosis patients and present a negative prognostic factor in liver cirrhosis (LC) patients who are on the liver transplant waiting list. Hydrothorax, renal dysfunction, MELD score >17 affect after transplant prognosis.

Results:

Confirmed LC of HBV /VHD etiology, Child Pugh C (11 p). Hypersplenism gr. II-III., MELD Na 20.7. Esophageal varices gr II-III. Portal gastropathy. Recurrent hydrothorax (Fig.1). Thrombosis v. portae. Severe malnutrition BMI <18.5 (Fig.2), portal enteropathy, hyponatremia.

Liver transplant was performed from brain-dead donor, age <30 years, comorbidities abs. Rehabilitation period: hyponatremia, renal dysfunction, ascites diminished. Pseudomembranous colitis Cl. Difficile. Post-LT v. portae stenosis at anastomosis level (Fig.3, arrow) was surgically resolved.

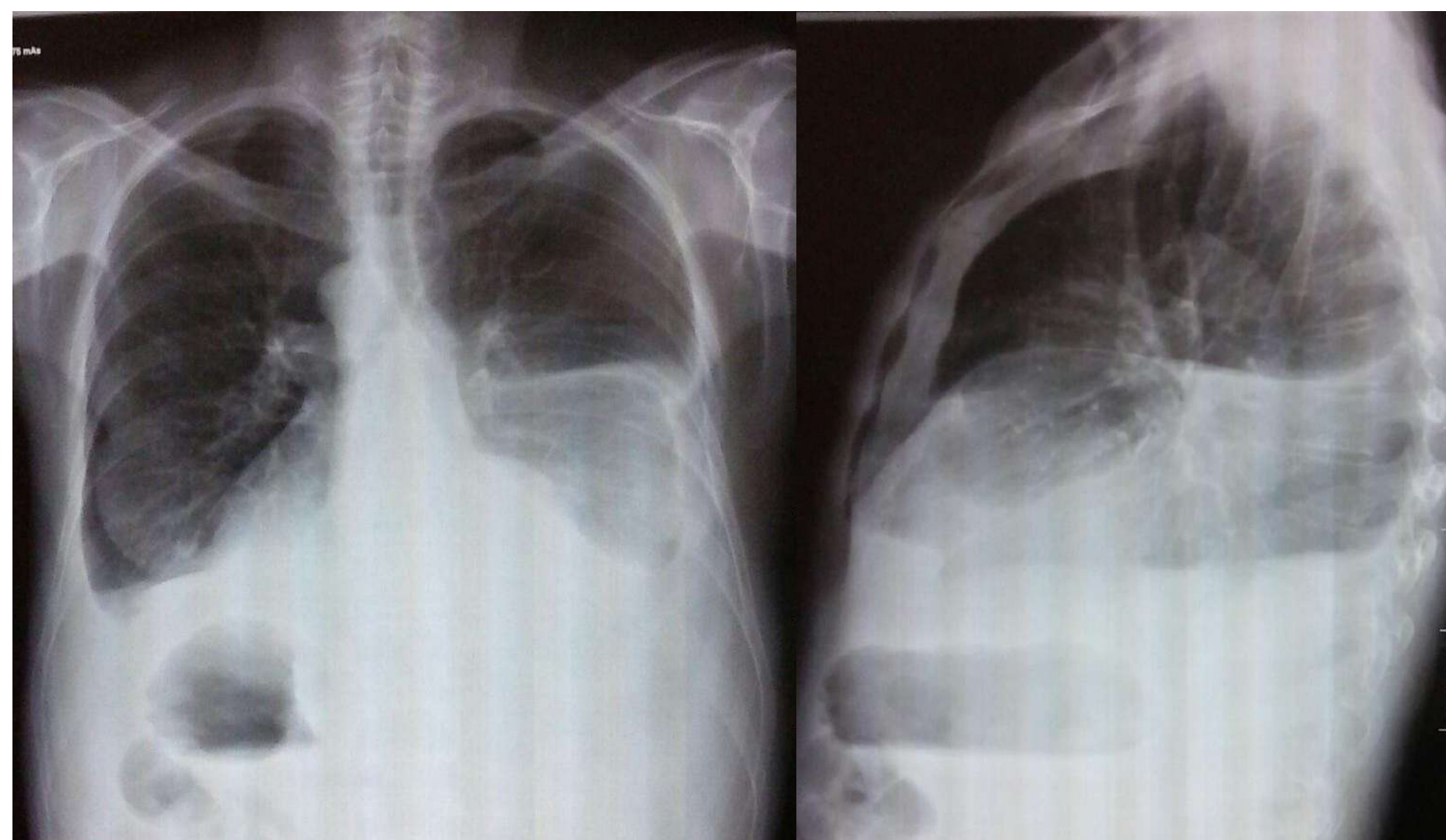


Fig. 1. Lung CT – hydrothorax (recurrent) due to ascites



Fig. 2. 2 days after LT in rehabilitation unit, BMI <18.5, severe malnutrition.

Material and methods:

The clinical case of 56 years old male patient with liver cirrhosis, on the liver transplant (LT) waiting list since 2017.

He was investigated according to the existing LT protocol: biochemical analyzes, nasopharynx cultures, uroculture, hemoculture, pleural fluid, ascites; viral, autoimmune, tumor markers. All vital functions were examined.



Fig. 3. Abdominal CT of v. portae stenosis at anastomosis level, surgically resolved after diagnosing.

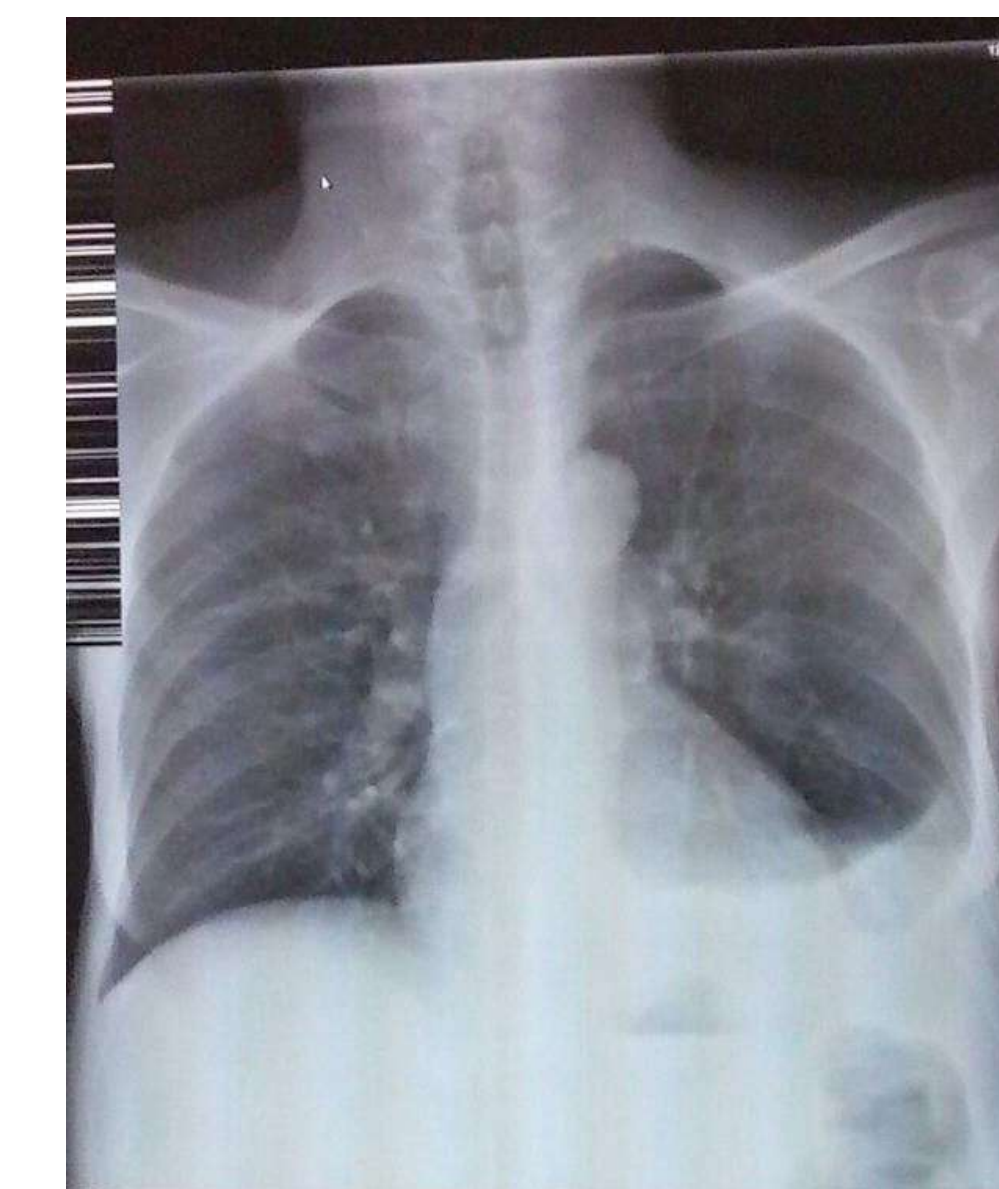


Fig.4. Lung CT evaluation after LT, pleural fluid resorbed

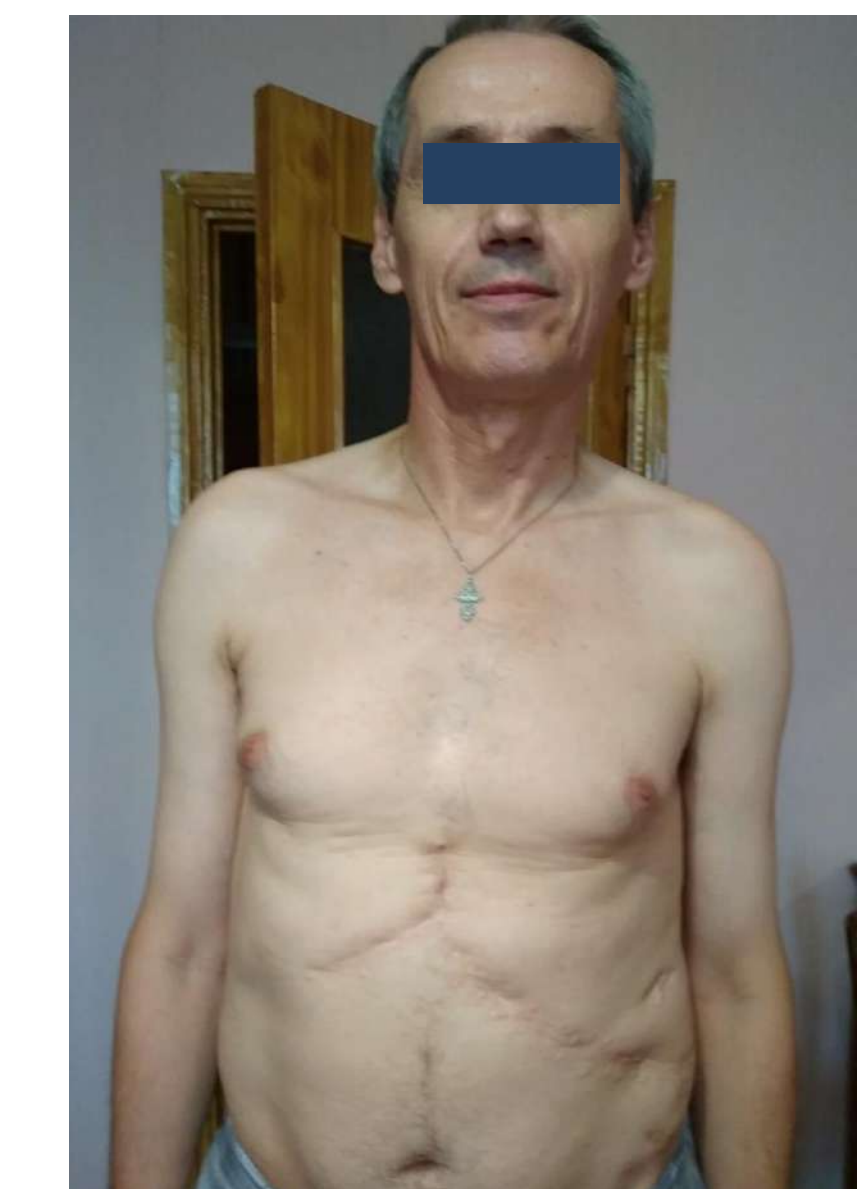


Fig.5. 12 months after LT, BMI 24,5

Post-LT has been administered specific etiopathogenic immunosuppressive therapy, adapted to disease features.

12 months post LT: absence of ascites, hydrothorax resorbed (Fig.4), normal biochemical parameters, except creatinine 125 umoll, BMI - 24.5 (Fig.5).

Conclusions:

Liver transplant is the only treatment in the terminal stage of chronic hepatic disease. Postoperative evolution involves multiple recipient factors such as age, nutritional status, renal dysfunction, viral infection, MELD Na score, extrahepatic complications; as well as donor factors - age, quality of liver transplant.

Keywords:

liver cirrhosis (LC), liver transplantation (LT), malnutrition, BMI