

LIVER TRANSPLANTATION FROM A LIVING-DONOR

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Introduction. Living-donor liver transplantation (LDLT) is vital for end-stage liver disease and acute liver failure, alleviating organ shortages and reducing wait times. In the Republic of Moldova, where deceased-donor organs are limited, LDLT is crucial in addressing the growing need for liver transplants. This study aims to evaluate LDLT's effectiveness, impact on survival and role in enhancing quality of life.

Materials and Methods. A retrospective analysis was conducted on 18 medical records and operative reports of patients aged 3–56 years who underwent living-donor liver transplantation between January 2017 and May 2024. Selection was based on established criteria for living-donor transplantation. Data collected included demographic information, transplantation indications, postoperative course and complications.

Results. Of the 18 patients, 38.89% were female, while 61.1% were male. The age distribution was as follows: 16.7% were aged 1-20 years, 22.2% were aged 21-40 years, and 61.1% were aged 41-60 years. The primary indications for transplantation included liver cirrhosis 77.8%, Caroli's disease 5.6%, hepatoblastoma 5.6%, hepatocellular carcinoma 5.6%, and Budd-Chiari syndrome 5.56%. Postoperative complications included acute rejection 44.4%, biliary peritonitis 5.6%, external biliary fistula 5.6%, hepatic artery thrombosis 5.6%, seizures 5.6%. Postoperative recovery was observed in 55.6%, while 44.4% died.

Conclusions. Liver transplantation from a living-donor involves significant risks, with a postoperative mortality rate of 44.4%. Rigorous selection criteria and strict postoperative monitoring are essential to enhance long-term outcomes.

Keywords. liver transplantation, living donor, chronic liver failure, postoperative complications.