

CURRENT EVENTS IN LIVER TRANSPLANTOLOGY

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Background. Liver transplantation is a surgical procedure that involves removing a diseased liver and replacing it with a healthy liver from another person, called a donor. This procedure is used when the liver is unable to perform its normal functions (liver failure or end-stage liver disease). The types of transplant are from a living donor (the right lobe of the liver is used) and from a deceased donor (the entire liver of the donor is used along with the portal vein).

Materials and methods. To carry out the study, the selection and analysis of bibliographic sources published in specialized medical scientific databases between 2018-2024 available online were carried out.

Results Liver transplantation techniques are whole liver (from deceased donor), reduced liver (left lobe or segments 2-3 compatible with the pediatric recipient), split liver (two grafts that can be used for either an adult and a child, or for two adults), domino (sequential, where a young patient with a metabolic disorder receives a liver from a deceased donor, and the young patient's liver is harvested for donation to an older patient with end-stage liver disease), dual graft (2 grafts from 2 different donors). For the highest possible success rate of liver transplantation, some basic principles must be followed, such as high genetic compatibility, perfect harvesting and transplantation technique, and careful postoperative care. The most common indications for liver transplantation are end-stage chronic liver diseases, acute liver failure, non-resectable malignant liver diseases, and hereditary-metabolic liver diseases.

Conclusions The only hope for long-term survival of a person with liver failure is a liver transplant. Liver transplant patients require clinical, biochemical, and instrumental monitoring to detect early (acute rejection, early and late hepatic artery thrombosis, arterial stenosis, acute Budd Chiari syndrome, anastomotic fistula) and late (chronic rejection, chronic Budd Chiari syndrome, portal vein thrombosis, portal vein stenosis, recurrent sclerosing cholangitis, papillary stenosis, proximal hepatic duct stenosis) complications. To increase the tolerability, safety and adherence of the therapy in the long term, the patient will undergo treatment with immunosuppressants and antivirals.

Keywords transplant, principles, treatment, monitoring.