

LIVER TRANSPLANT PROGRAM IN THE REPUBLIC OF MOLDOVA

Introducere: Since the first liver transplant in the Republic of Moldova in 2013, we performed 60 liver transplants, including 40 transplants with integral liver from the brain death donor and 20 live donor liver transplants. The critical shortage of available cadaveric organs has forced us to begin with liver transplantation from the living donor.

Material and Methods: Indications for surgical intervention in most cases were hepatic cirrhosis in the terminal stage of disease, 12 cases of hepatocellular carcinoma, one case of primary biliary cirrhosis, drug toxic hepatitis, Budd-Chiari syndrome.

Results: Two cases of hepatic retransplantation caused by hepatic artery thrombosis and vascular graft thrombosis. In the early postoperative period, seven recipients died. The causes of death were: intracerebral hemorrhage in the early postoperative period - 1, acute graft rejection - 2, hepatic artery thrombosis - 1, primary graft dysfunction - 2, postoperative pneumonia - 1. Patients died in the postoperative period. From complications occurring in the early postoperative period, we can notice acute graft rejection, hepatic artery thrombosis, postoperative haemorrhage, biliary peritonitis, primary graft dysfunction, seizures, peritonitis caused by perforated acute duodenal ulcer. Complications in the post-operative period: biliary peritonitis after T-Tube drain extraction, thrombosis of the cava vein, chronic graft rejection.

Conclusion: The accumulated experience and the use of modern technologies have allowed us to reduce the rate of postoperative mortality, as well as the rate of complications.

Key words: Liver transplantation, liver cirrhosis, hepatocellular carcinoma.

TRANSPLANTUL HEPATIC DE LA DONATOR VIU ÎN REPUBLICA MOLDOVA



HOTINEANU V, HOTINEANU A, BURGOCI S, IVANCOV G, SÎRGI V, CAZACU D, TARAN N, PELTEC A

Catedra de Chirurgie nr 2, Universitatea de Stat de Medicină și Farmacie „Nicolae Testemițanu”, Chișinău, Republica Moldova

Introducere: În structura mortalității prin bolile aparatului digestiv, Republica Moldova (RM) ocupă primul loc în Europa și unul dintre primele în lume. TH (transplantul hepatic) de la donator viu reprezintă o opțiune importantă de tratament pentru recipienții cu boală hepatică terminală. Primul TH, realizat în RM, începe în 2013, acesta fiind de la donator viu.

Material și metode: În perioada 2013- 2019, s-au realizat 20 transplanturi hepatice de la donator viu. Principala indicație au reprezentat-o cirozele de etiologie virală: VHD (60%), VHB (20%), VHC (20%). Studiul a inclus 40 pacienți: 20 donatori, vîrsta medie 34,81±11,59 ani și 20 recipienți, vîrsta medie 44,57±9,91ani. Toți pacienții – evaluați clinic, biochimic, instrumental conform protocolului instituțional. Steatoza hepatică (25-30%) confirmată prin puncție biopsie hepatică la 20% donatori. Scorul MELD a variat între 14-19 puncte. Tratamentul de imunosupresie: standard, conform protocolului.

Rezultate: Supravețuirea postoperatorie imediată estimată la 90% (9). Supravețuirea pacientului și a grefei la 1 an – 70%. Morbiditatea postoperatorie – 4, complicată cu rejet acut – 2. Complicații precoce: a) tromboză de arteră hepatică, cu retransplant – 1; tromboză de greaf vasculară sintetică – a) 1 caz, b) rejet acut – 2 tratat prin pulsterapie; c) complicații medicale: pulmonare – 4, neurologice – 2; d) complicații biliare – fistulă tranșă secțiune hepatică – 2, peritonită biliară – 1. Complicații tardive: a) biliare prin stenoză anastomotică - 2, b) recidiva afecțiunilor primare post-transplant: VHB – 1, VHC – 1, CHC - 1 caz.

Concluzii: Transplantul hepatic de la donator viu prioritizează recipienții din lista de așteptare, identifică și micșorează factorii de risc preoperator, oferind o greafă optimală.

Cuvinte cheie: transplant hepatic, ciroză hepatică, carcinom hepatocelular.

LIVER TRANSPLANTATION FROM LIVING DONOR IN REPUBLIC OF MOLDOVA

Introduction: In the structure of mortality from digestive diseases, Republic of Moldova ranks first in Europe and one of the first in the world. LT (liver transplant) from a living donor represents an important treatment option for recipients with terminal liver disease. First LT in Republic of Moldova was conducted in 2013, from a living donor.

Material and Methods: Between 2013 – 2019, 20 liver transplants from living donors were performed. The main indication was represented by cirrhosis of viral etiology: VHD (60%), VHB (20%), VHC (20%). The study included 40 patients: 20 donors, average age 34.81 ± 11.59 years and 20 recipients, average age 44.57 ± 9.91ani. All patients - assessed clinically, biochemically, instrumentally according to institutional protocol. Hepatic steatosis (25-30%) confirmed by liver biopsy to 20% donors. MELD score ranged from 14 to 19 points. Immunosuppression treatment: standard, according to protocol.

Results: Estimated immediate postoperative survival of 90%. Patient and graft survival after 1 year – 70%. Postoperative morbidity – 2, complicated with acute rejection – 2. Early complications: a) hepatic artery thrombosis, with repetitive transplant -1, vascular graft thrombosis; b) acute rejection - 2; c) medical complications: pulmonary - 4, neurological – 2, e) biliary complications - liver fistula installment section - 2, biliary peritonitis - 1. Late complications: a) biliary through stenosis anastomotic - 1, b) relapse of primary disease post-transplantation: HBV - 1, HCV – 1, CHC case.

Conclusions: Liver transplantation from living donor prioritizes recipients from the waiting list, identifies and reduces preoperative risk factors, providing optimal graft.

Key words: Liver transplantation, liver cirrhosis, hepatocellular carcinoma.

TRATAMENT MULTIMODAL AL CARCINOMULUI HEPATIC



HOTINEANU V, HOTINEANU A, BURGOCI S, IVANCOV G, CAZACU D, SÎRGI V

Catedra de Chirurgie nr 2, Universitatea de Stat de Medicină și Farmacie „Nicolae Testemițanu” Chișinău, Republica Moldova