

Abstract

Background: Living donor liver transplantation has emerged as a surgical technical achievement designed to increase the organ supply. Adult recipients have a wide range of disease severity and higher incidence of medical comorbidities, in addition, the use of a partial graft in an adult recipient predisposes the recipient to a unique set of potential technical and anatomic complications that are not prevalent in whole deceased donor grafts. ^{1/1}

Objectives: Careful analysis of variables that affect early graft outcome in LDLT is necessary to determine methods that may be manipulated to improve outcome.

Methods: A retrospective study involving 142 patients that underwent LDLT in two centers, International Medical Center “IMC” 113 cases and Kasr Elini hospital 29 cases, in the period from October 2004 to December 2010, were recruited in the study. Post-operative daily assessment was done, by recoding and following up all the clinical laboratory and radiological data, for a period of 30 days.

Results: The survival rate at the end of our study was 86.62%. The most frequent complications were renal complications (86.6%), pulmonary complications (73.9%), neurological complications (14 %), cardiovascular complications (12.6 %), infection (13.3%), intra-abdominal infections (10.5%) and immunosuppressant toxicity (7.7%).

Conclusion: LDLT is a major procedure that requires gathered efforts from members of the transplantation team considering all the events of the preoperative and intraoperative period as well as the scoring system, MELD score, to plan postoperative management and to identify potential complications early. This may help in proper management of the recipient.

Key words: Living Donor liver Transplantation – MELD score – post LDLT complications – graft failure.