P-44 LONG-TERM SURVIVAL IN PATIENTS WITH LIVER TRANSPLANTATION

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Conflict of interest: No

Introduction and Objectives: Background: Liver transplant is the only effective treatment for acute or chronic liver diseases in the terminal stage. With advances in the management of immunosuppression and surgical techniques, survival is high, but it can decrease for different reasons depending on the time of evolution of the transplant. *Aim:* Determine long-term survival in patients with liver transplants and the main causes of mortality.

Patients / Materials and Methods: Methods: It is a descriptive, retrospective study in patients with liver transplant from a cadaveric donor, carried out at the Medical Surgical Research Center between 1999 and 2019, 117 patients with one year or more of survival were included. The main variables were causes of mortality and survival at 5, 10, 15 and 20 years, overall and by indication of the transplant (grouped into cirrhosis due to hepatitis B and C viruses, due to alcohol, autoimmune and other etiologies), which were obtained from the Liver Transplant Database. For the statistical analysis, summary measures were used according to the type of variable and the Kaplan Meier method for survival analysis.

Results and Discussion: Results: Of the 117 patients, 69 had died as of June 2024. Overall survival was 74.4%, 58.4%. 37.5% and 27.5% at 5, 10, 15 and 20 years respectively, with an overall mean of 13 years (95% CI 11.3-14.5), in relation to survival related to the etiology of the transplant the average was 9.3 years for viral cirrhosis, 9.9 for alcoholic etiology, 14.3 for autoimmune, and 15.8 years for others. The most frequent causes of long-term mortality were recurrence of the primary disease (20.5%) with a predominance of hepatitis C virus and de novo tumors (11.1%).

Conclusions: The mean long-term overall survival in patients with liver transplantation was greater than 10 years, with a negative impact of cirrhosis due to viruses and alcohol as an indication for transplant.

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P-45 ANALYSIS OF SURVIVAL RATE AND FACTORS ASSOCIATED WITH LIVER RETRANSPLANTATION: 18-YEAR EXPERIENCE IN BOGOTÁ - COLOMBIA

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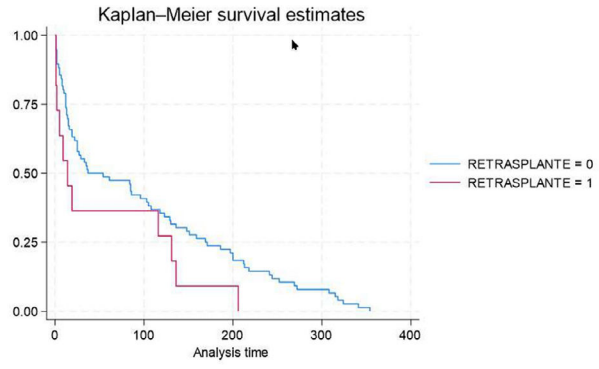
Conflict of interest: No

Introduction and Objectives: Liver retransplantation is the only therapeutic option for irreversible hepatic graft failure, this situation raises ethical and practical issues, due to the diminished survival of the second graft and the disparity between the number of liver donors and potential recipients in Colombia. To compare first and third year survival between patients with a single liver transplant and those who have undergone liver retransplantation

Patients / Materials and Methods: Analytical observational study of a retrospective cohort patients with liver transplant and retransplant (over 18 years old) at the Cardioinfantil Foundation between December 2005 and December 2023. The associated factors that together explain liver retransplantation, the Cox regression model with constant time and the negative log binomial model will be used. The analysis will be performed using R software. The survival analysis of patients with liver transplant and retransplantation will be performed using the Kaplan Meier method. All statistical tests will be evaluated with a significance level of 5% ($p < 0.05$).

Results and Discussion: Between 2005 and 2023, 689 liver transplants were performed in adult patients at our hospital, 39 of which (5.6%) were liver retransplantation. The first year retransplant survival was 83.3% and the third year 72.2%, compared with the first year transplant survival 86.1% and the third year 82%. Of the 39 retransplant cases 21 cases (53.8%) were early (< 6 months) while 18 cases (46.1%) were late (> 6 months). Regarding the causes that led to early liver retransplantation, the most frequent was arterial thrombosis 13 (33.3%) cases, followed by primary graft dysfunction 6 cases (15.3%). For late retransplantation the most frequent cause was chronic cellular rejection 7 cases (17.9%) followed by recurrence of the primary disease 3 cases (7.6%).

Conclusions: the present study, liver retransplantation is a safe treatment option with mortality compared to liver transplantation and our results do not differ from the global epidemiology.



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