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ABO - INCOMPATIBLE LIVER TRANSPLANTATION FROM DECEASED DONORS: A PROMISING ALTERNATIVE FOR LATIN AMERICA IN LOW ORGAN DONATION SCENARIOS

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Introduction and Objectives: The utilization of ABO-incompatible organs in deceased donor liver transplantation (ABOi-DDLT) has increased with the implementation of desensitization protocols, yielding comparable outcomes to ABO-compatible (ABOc) LT. However, there are no reports from Latin America, a region facing low donation rates, restricted resources and limited access to living donor LT.

To evaluate the feasibility and safety of ABOi-DDLT as a therapeutic strategy in emergency settings.

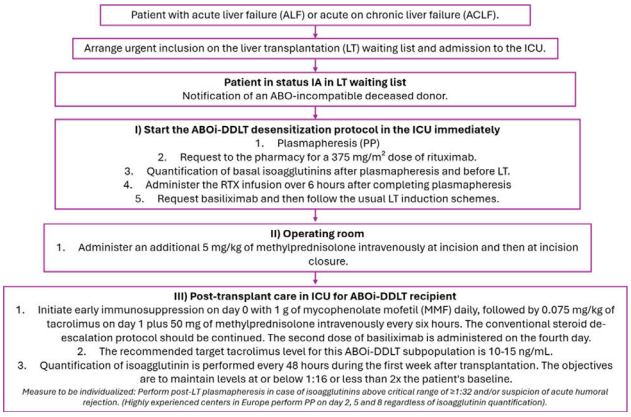
Materials and Methods: Retrospective study of DDLT recipients for acute liver failure, ≥12 years of age, between 2009-2024, in a liver transplantation center. Clinical characteristics, complications and survival outcomes were analyzed.

Results: Eight DDLT were performed (3 ABOi, 5 ABOc), 87.5% were female. Underlying etiologies were Wilson's disease(n=6) and drug-induced liver injury(n=2). The ABOi group presented higher clinical severity (MELD-Na: 37 vs. 27). ABOi-DDLT desensitization included plasmapheresis(n=3) and rituximab(n=2), plus immunosuppression with basiliximab(n=3), tacrolimus(n=3), mycophenolate(n=2) and steroids(n=3). Pre-ABOi-DDLT isoagglutinins titers were quantified in 2 cases (anti-A/B: 1:64 and 1:8), with post-transplantation peaks (anti-A/B: 1:128) managed conservatively. One ABOi-patient developed antibody-mediated rejection, effectively treated with plasmapheresis and intravenous immunoglobulin. Biliary strictures occurred earlier in ABOi-patients (4 vs. 20 months). Rates of bacterial and viral infections were similar, whereas fungal infections were observed only in ABOc-recipients. One- and three-year survival was 100% in both groups; five-year survival was 100% in ABOi and 66.6% in ABOc recipients.

Conclusions: ABOi-DDLT is a reliable and effective alternative. This study may serve as a foundation for a multicenter study led by ALEH aiming to further explore the issue across the region.

Conflict of interest: None

Proposed protocol for ABOi-DDLT applicable to Latin America.



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TRANSFORMING OUTPATIENT HEPATIC CARE IN LATIN AMERICA: A SCALABLE, NURSE-DRIVEN APPROACH

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Introduction and Objectives: Chronic liver diseases are increasingly prevalent in Latin America, where fragmented care and hospital overcrowding limit timely, cost-effective management. Nurse-led outpatient programs may offer a viable alternative in resource-constrained environments.

To evaluate the safety and cost-effectiveness of a nurse-driven Outpatient Intervention Program (OIP) for patients with liver disease and its potential scalability across Latin America.

Materials and Methods: An OIP was implemented in 2019 at a tertiary care transplantation center. The program included outpatient liver biopsies (LB), albumin and blood product infusions, and diagnostic/therapeutic paracentesis. Retrospective data from 2019-2024 were analyzed.

Results: A total of 418 procedures were performed on 258 patients: 162 LB, 104 albumin or blood product infusions, and 152 paracentesis. This demonstrates a 3,240% increase in the number of LB and a 1,680% increase in paracentesis compared to 2018, before the program began.

The overall complication rate was 0.87% (4 complications), with only 2 major events (0.43%): spontaneous bacterial peritonitis after paracentesis and post-biopsy bleeding.

LB costs dropped from $2,894 to $549, generating $379,890 in savings over six years, due to avoiding overnight hospitalization. Paracentesis, albumin infusions and blood transfusions were previously performed in the emergency department, incurring an additional expense of $420. This transition to OIP generated total savings of $107,160 and contributed to reduced congestion in the emergency department.

Conclusions: This nurse-led model yields promising results in outpatient liver care and represents a cost-effective, Potential intervention. Its integration into public health systems across Latin America could contribute to more efficient management of CLD.

Conflict of interest: None

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CRITICAL MEDIATORS OF INFLAMMATION-DRIVEN HEPATOCARCINOGENESIS INDUCED BY METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE

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