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Adult-to-Adult Right Lobe Graft Living Donor Liver Transplantation for Acute-on-Chronic Liver Failure: A Single-Center Experience in Vietnam

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Introduction: Acute-on-chronic liver failure (ACLF) has a high mortality rate, and liver transplants are considered a definite treatment for patients with this condition. This study aims to evaluate the outcomes of living donor liver transplantation (LDLT) on ACLF patients in a single center.

Methods: This is a retrospective study at the 108 Military Central Hospital, enrolling 51 patients diagnosed with ACLF based on APASL criteria who underwent LDLT with the right lobe graft from December 2019 to December 2022. We utilize the MELD and AARC scores to evaluate and stratify the severity of ACLF.

Results: The average age of all patients is 47.27 ± 13.61 , with 88.24% are male. The average BMI was 22.78 ± 2.61 . The most common underlying liver disease is chronic viral hepatitis B (88.2%). The average MELD score of the patients is 34.90 ± 5.61 , with 33.3% having MELD score of more than 40. In terms of ACLF severity, five patients (9.8%) had grade I ACLF, 35 patients (68.6%) had grade II ACLF, and 11 patients (21.6%) had grade III ACLF. The average AARC score was 9.43 ± 1.68 . The duration of treatment in the ICU is 8.59 ± 7.27 days, and the length of stay is 28.02 ± 13.45 days. The most common post-transplant complication is biliary complication (19.61%), with a mortality in 7 patients (13.7%). The survival rates at six months, one year, and three years are 84%, 81.7%, and 81.7%, respectively.

Conclusion: Living donor liver transplantation for ACLF patients is safe and has a high post-transplant survival rate. Multidisciplinary care before, during, and after surgery, and the decision to do liver transplant early, is essential in saving the lives of ACLF patients.