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Session Title : Technical advances in LT

Whole visceral transplantation for complete PVT

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Portal Vein Thrombosis (PVT) stands as a critical impediment in cirrhotic candidates waiting for liver transplantation (LT), posing significant therapeutic challenges. Recent advancements in transplant methodologies have shifted the perception of PVT from being an overwhelming hindrance to a manageable condition, largely influenced by the thrombus's categorization. The Yerdel grading system is instrumental in delineating the severity of PVT, thereby guiding therapeutic approaches. Patients classified within Yerdel grades 1-3 can be considered for LT in facilities adept at executing complex portal vein dissections, thrombectomies, and vascular reconstructions. In contrast, Yerdel grade 4 necessitates more sophisticated and aggressive interventions, including cavoportal hemitransposition, renoportal interposition grafts, portal vein arterialization, or even multivisceral transplantation (MVT). Particularly for grade 4 PVT, some centers advocate for an MVT backup strategy. This approach involves the concurrent procurement of multiple organs (liver, pancreas, and intestine, potentially including the stomach) as a unified cluster graft from a deceased donor, ensuring preparedness for comprehensive transplantation. If intraoperative assessments confirm the restoration of physiological portal venous inflow, the procedure defaults to a standard LT. If not, the transplantation pivots to the more extensive MVT. While MVT effectively re-establishes physiological portal venous circulation, it does bring possible long-term complications including rejection, graft-versus-host disease, and the potential onset of post-transplant lymphoproliferative disorders. Encouragingly, survival analyses indicate that recipients across the Yerdel grade 1-4 spectrum achieving successful LT exhibit 5-year survival rates commensurate with those observed in non-PVT subjects. Nonetheless, recipients necessitating MVT display a propensity for increased mortality, a trend attributable to the inherent complexities of the procedure and the subsequent intensiveness of medical management. In this lecture we provide a roadmap to multivisceral transplantation and all its aspects and current results for patients with complex portal vein thrombosis