



上海交通大学医学院附属

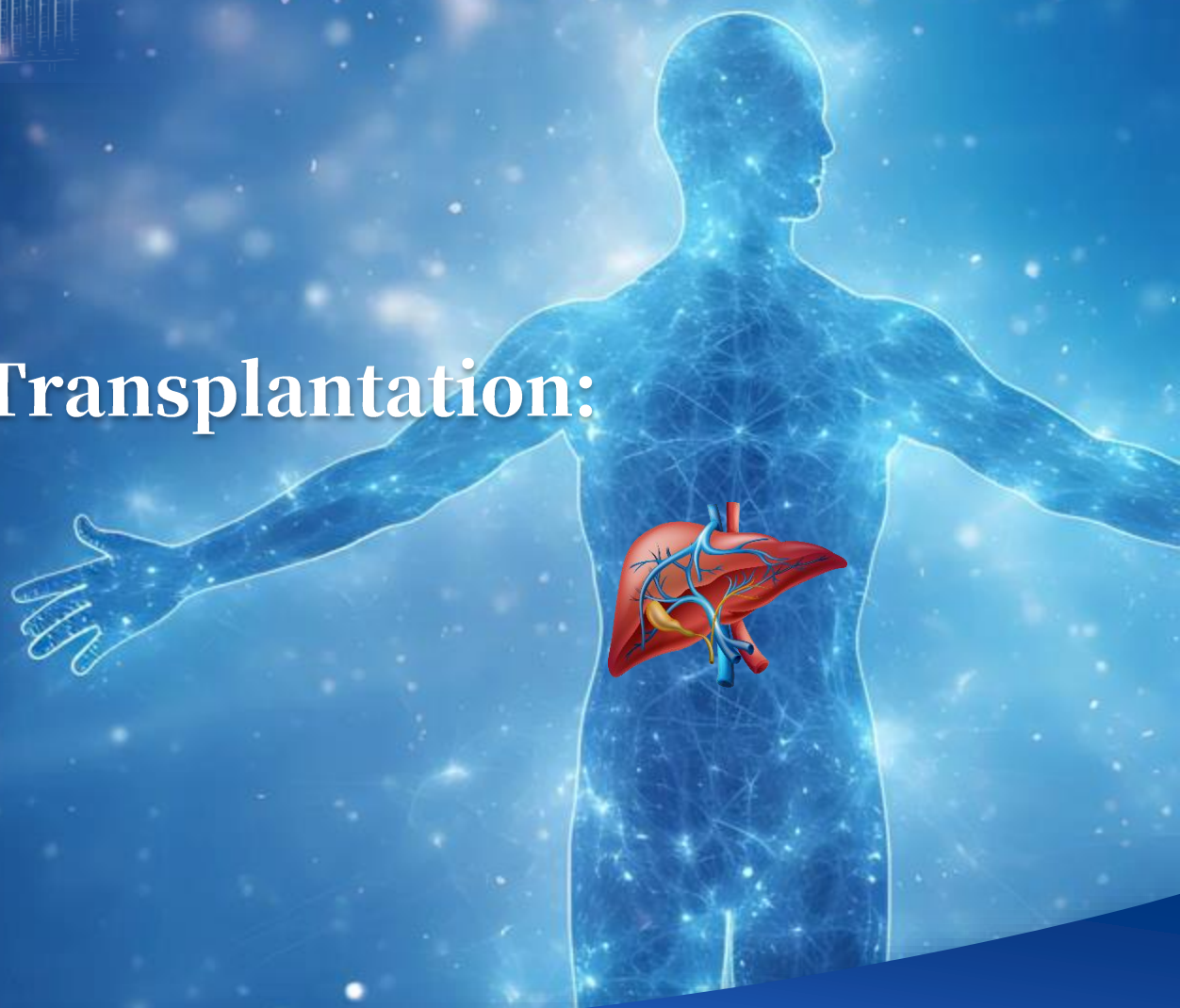
仁濟醫院



Small- for-Size Graft in Liver Transplantation: A case report

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SFS Graft for HCC complicated with Liver Cirrhosis

- Male/60yrs, 170cm/76kg
- Diagnosis: HCC(BCLC-B), HBV-related cirrhosis
- Child-Pugh : A

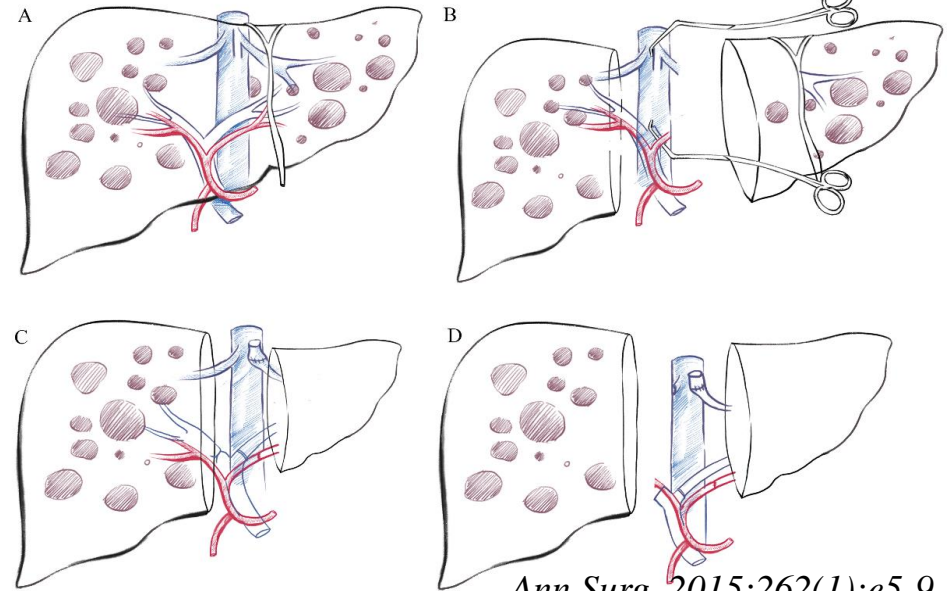
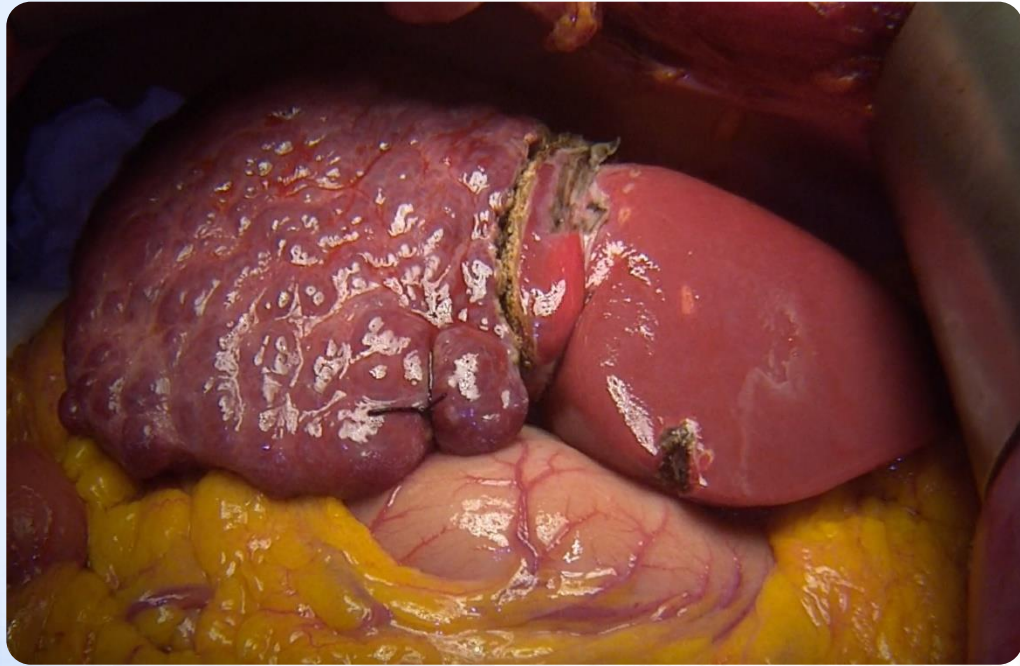
Date	WBC	HB	PLT	ALB	TB	ALT	AST	CR	PT	INR	AFP
02-06-2023	3.71	135	101	36	23	30	44	90	14.7	1.31	24

SFS: small for size

	Recipient	Donor (35 yrs)
Relationship	Daughter to Father	
Height (cm)	170	164
Weight (kg)	76	62
Body Surface Area (m ²)	1.86	1.68
BMI (kg/m ²)	28.3	23.1
Steatosis	/	none
SLV (cm ³)	1294	1061

First Step: LLS-LDLT

GRWR: $296 \text{ cm}^3/76\text{kg}=0.39\%$

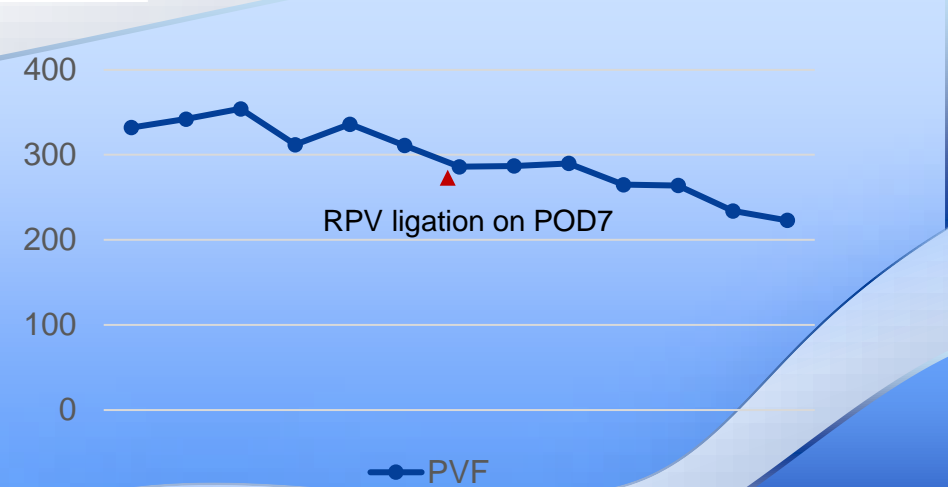
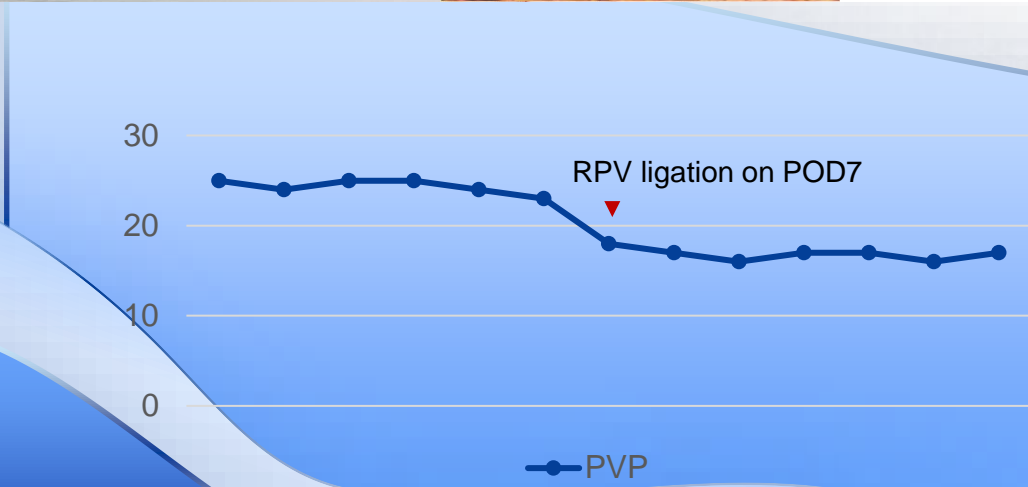
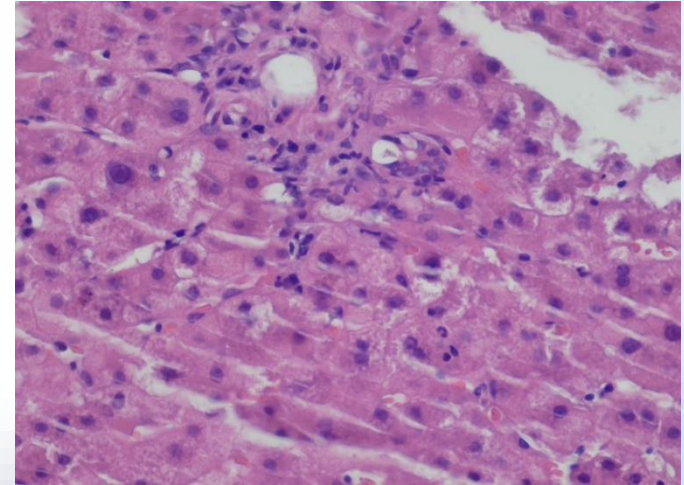
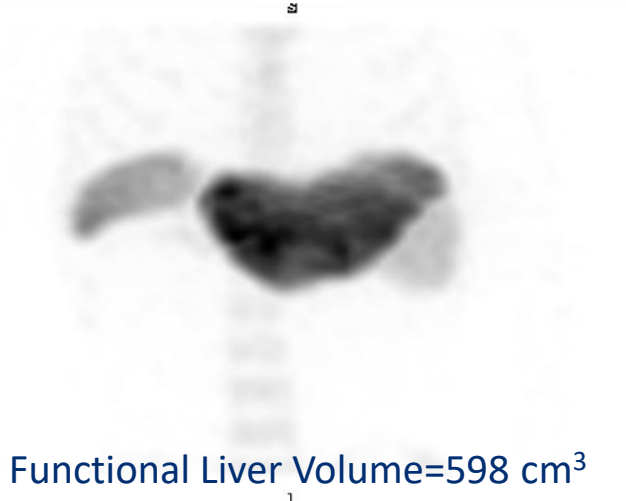
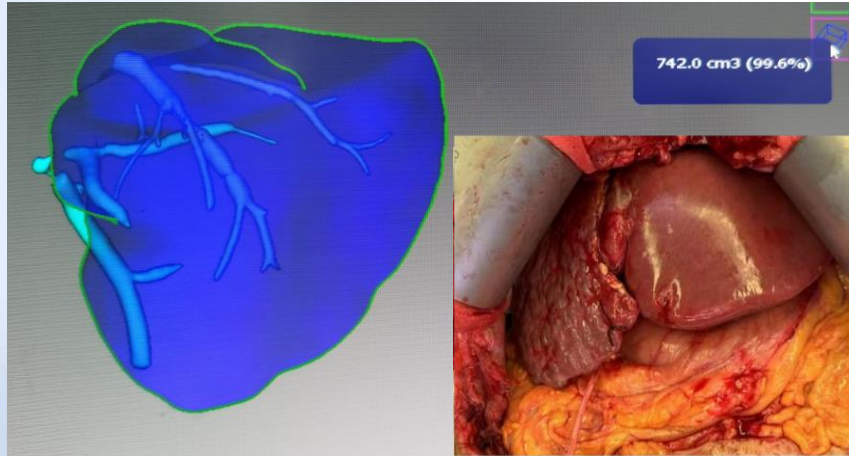


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Graft Regeneration POD 15

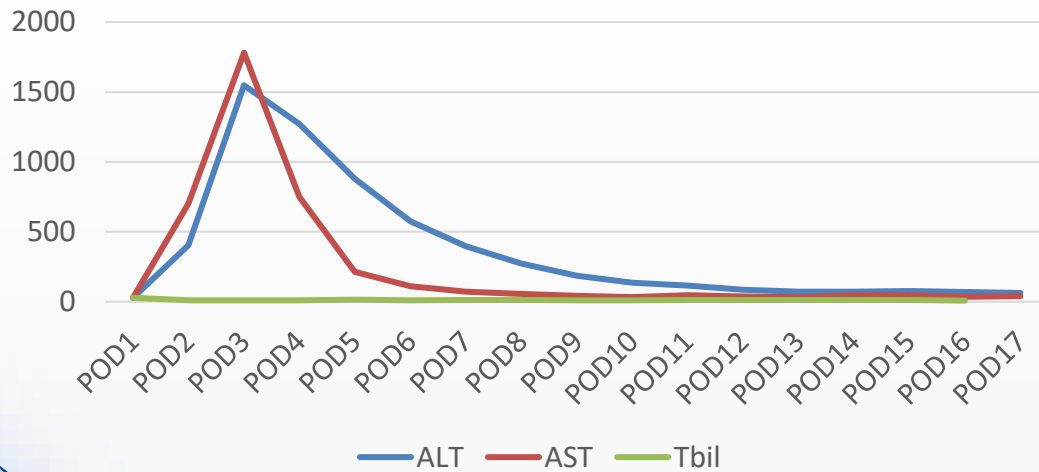
GRWR: $742\text{cm}^3/76\text{kg}=0.97\%$

Right Hepatectomy POD 18

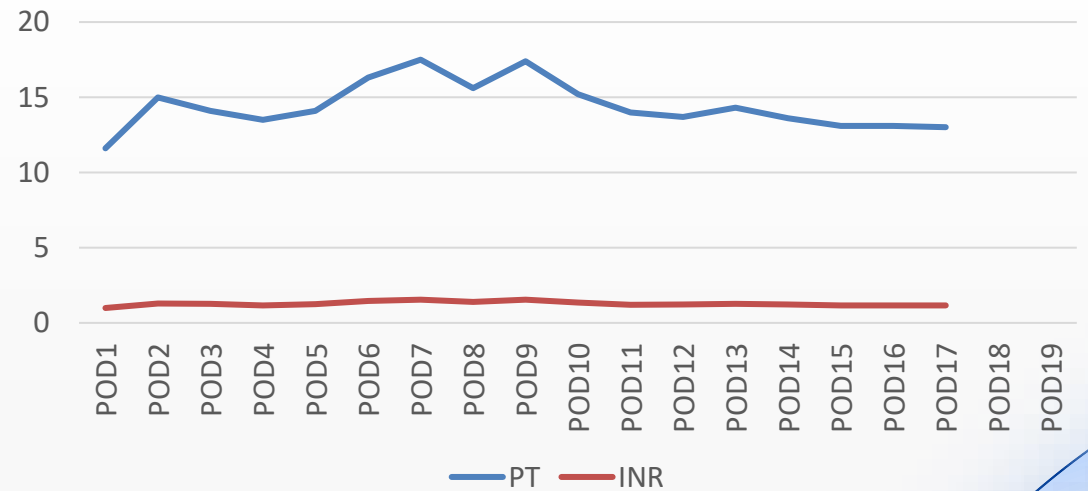


Liver function post-operation

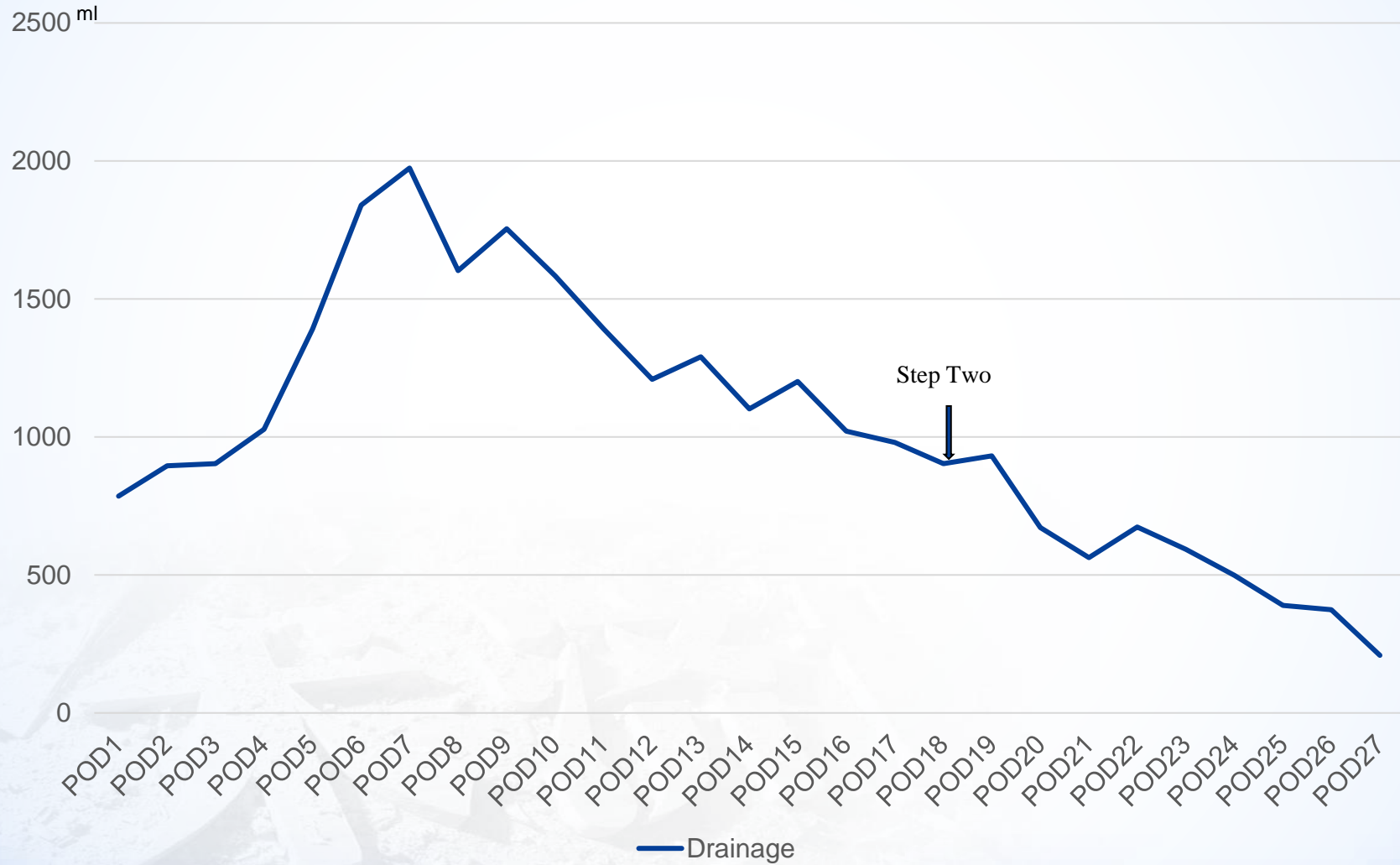
Liver Function Tests



Coagulation



Ascites post operation



Conclusions

- SFSS exists, but its occurrence is not determined only by graft weight.
- Surgical approach controlling PV flow and pressure could help to prevent SFSS.
- Conservative treatments, including aggressive fluid balance correction for massive ascites, anti-microbiological therapy to prevent or control sepsis and intensive nutritional therapy, are all required.
- Individualized multifactorial consideration should be addressed and efforts not to discard the opportunity of possible life-saving transplantation should be made.



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