Small but safe: Initial experience of liver transplantation at single center

CHANG HO SEO[1]

1 DEPARTMENT OF SURGERY, BUCHEON ST. MARY'S HOSPITAL, THE CATHOLIC UNIVERSITY OF KOREA, SEOUL, KOREA

Introduction

Liver transplantation (LT) is a critical medical procedure that has traditionally been performed at high-volume centers, but smaller centers have also begun to offer LT due to advancements in technique and increasing demand.

While this expansion has made the procedure more accessible, there are concerns about the safety and effectiveness of LT at small-volume centers.

This study aims to analyze the initial experience of LT at single center.

Methods

Between July 2014 and September 2021, 60 adults underwent LT at Bucheon Saint Mary's Hospital.

The overall outcomes were analyzed in terms of perioperative outcomes, complications, and overall survival rate.

In addition, the patients were divided into a living donor liver transplantation (LDLT)) group (n =26) and a deceased donor liver transplantation (DDLT) group (n = 34).

Variable		Variable	
Age (year)	51.4 ± 9.5	OP time (min)	461.7 ± 93.0
Sex (n, %)		Ischemic time (min)	186.5 ± 98.4
BMI (kg/m^2)	22.9 ± 6.1	PRC transfusion (unit)	12.0 ± 9.3
		Estimated blood loss (cc)	7006.6 ± 4021.8
MELD score	25.4 ± 12.0		
CTP score	10.1 ± 2.8	Re-OP	5/60, 8.3%
		Re-LT	1/60, 1.7%
Cause of disease		Complication	16/60, 26.7%
HBV	29/60, 48.3%	Hepatic artery Cx.	2/60, 3.3%
Alcohol	25/60, 41.7%	Portal vein Cx.	3/60, 5.0%
others	6/60, 10.0%	Duct Cx.	14/60, 23.3%
Tumor	16/60, 26.7%		
ESLD	44/60, 73.3%		
LDLT	26/60, 43.3%		
DDLT	34/60, 56.7%		

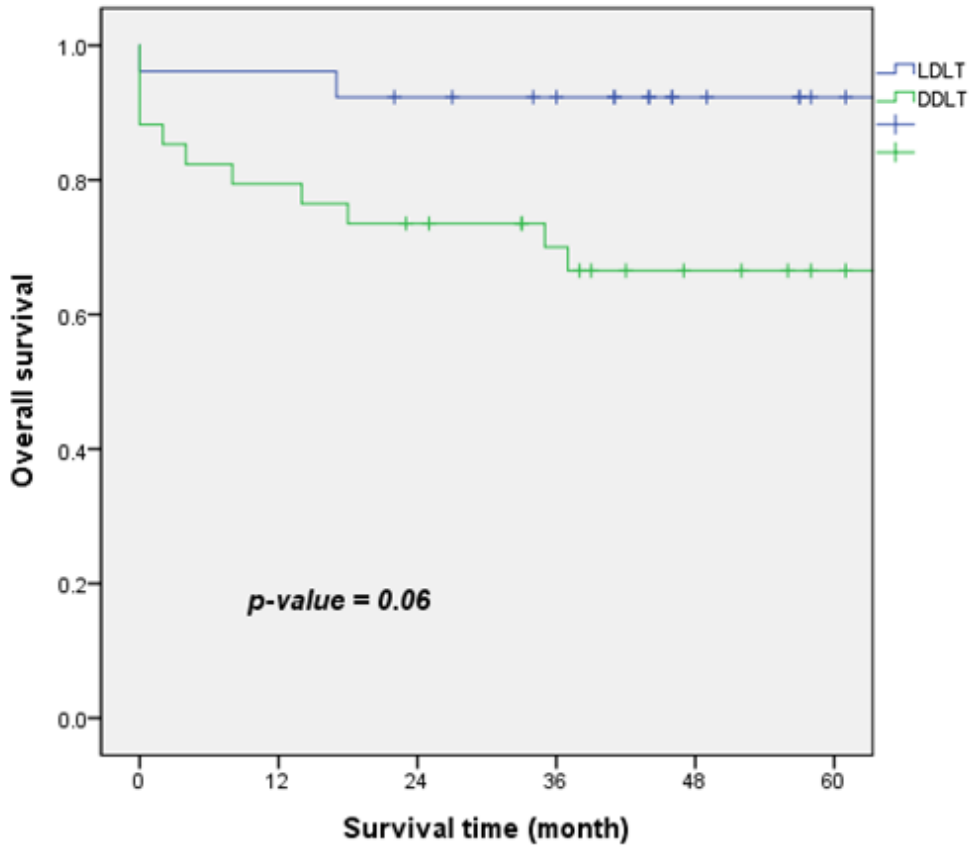

Figure 1. Overall survival between the LDLT group and the DDLT group.

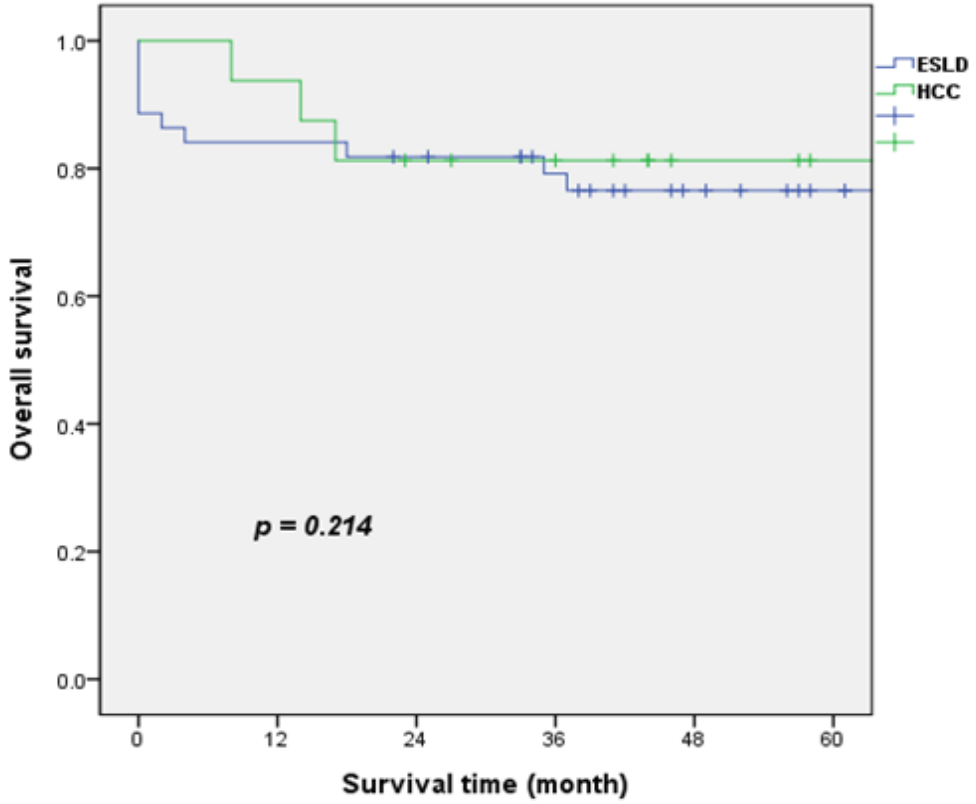

Figure 2. Overall survival between the ESLD group and the HCC group

Conclusion

The study found that the outcomes of LT at a small-volume center were comparable in both the LDLT and DDLT groups, with no statistically significant differences in overall survival between the two groups.

We suggest that with appropriate patient selection and adequate resources, LT can be safely performed at small-volume center, expanding access to this life-saving procedure.