

ENDOVASCULAR TREATMENT OF THE HEPATIC ARTERY EARLY THROMBOSIS IN PAEDIATRIC PATIENTS WITH LIVER TRANSPLANT

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INTRODUCTION

Hepatic artery thrombosis (HAT) is one of the main causes of graft loss in the immediate period after liver transplantation (LT). Some surgical and endovascular interventions have shown to reduce the need for retransplantation.

OBJECTIVE

The main objective of our study is to describe the early management of HAT in paediatric LT patients. Our secondary objective is to analyze the features of the patients who present this complication.

METHODS

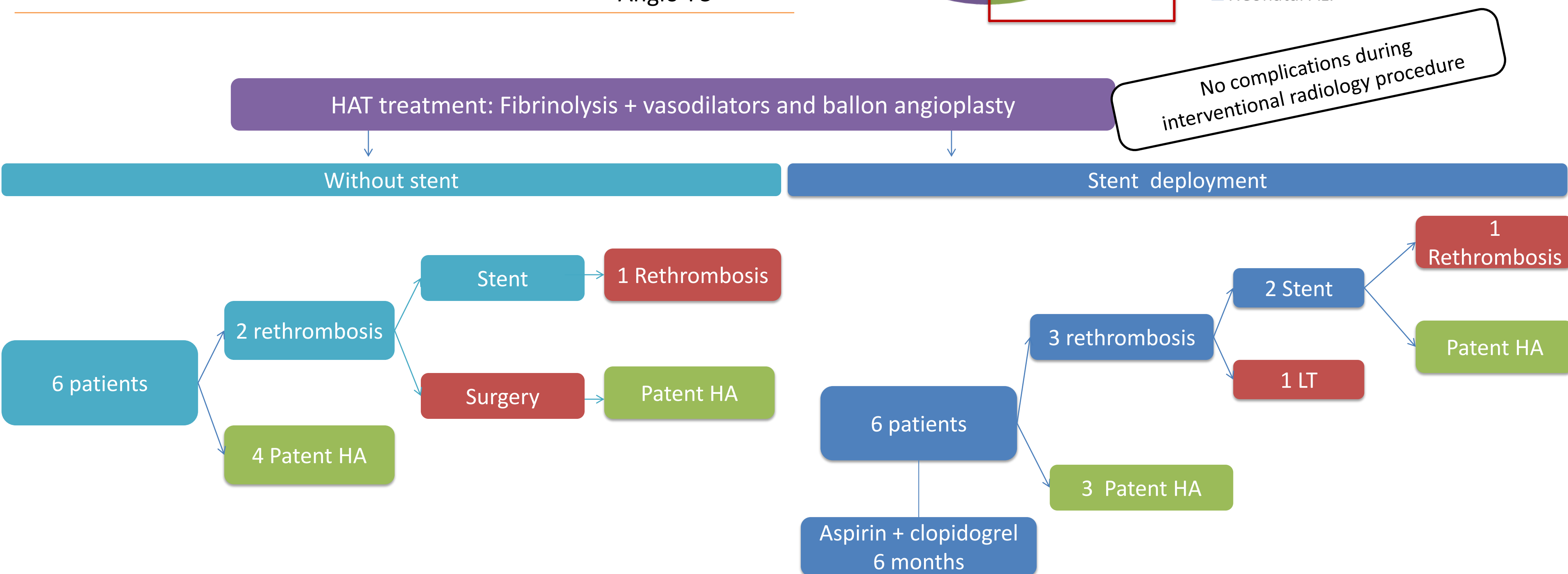
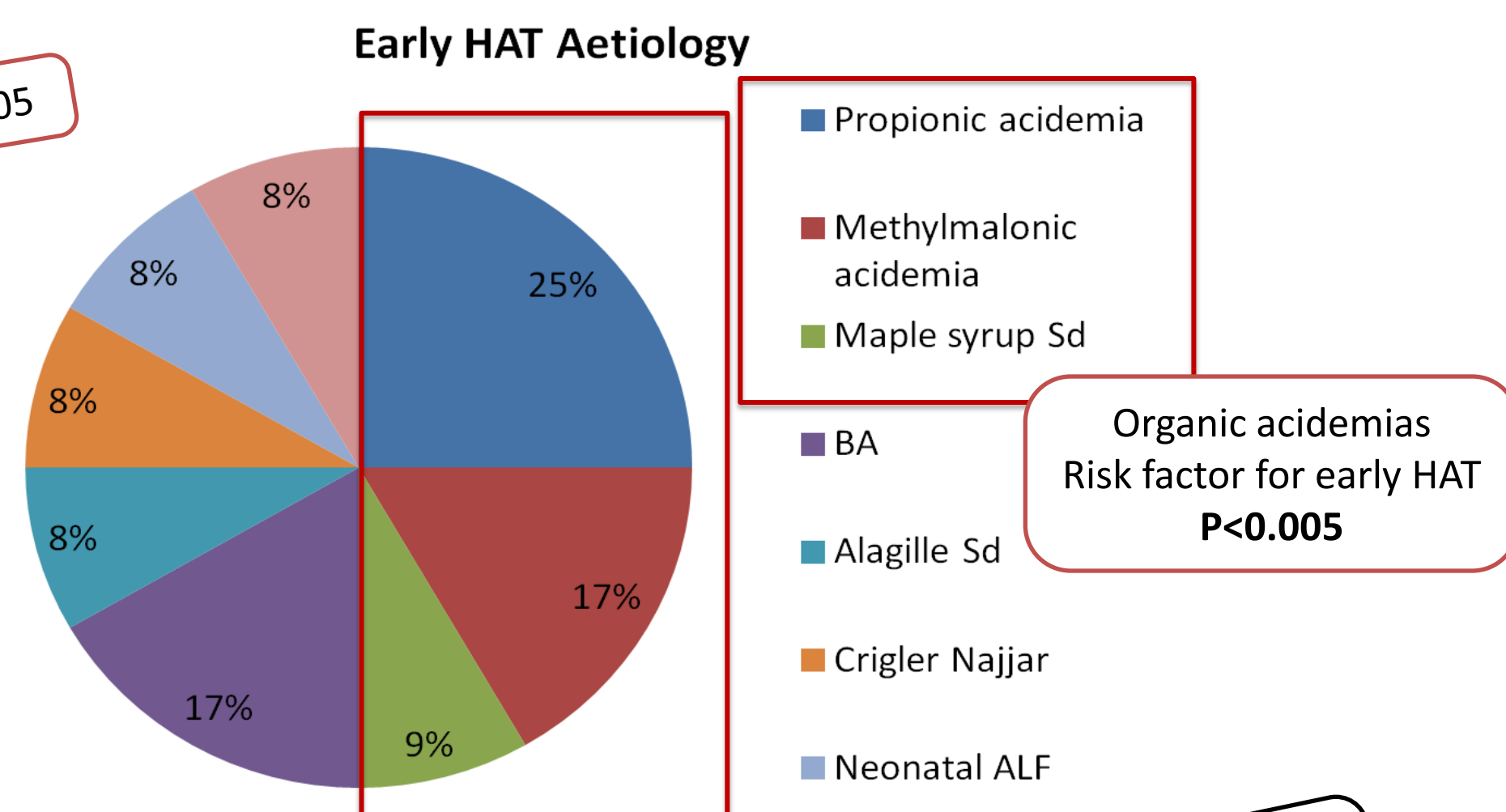
Retrospective data collection of paediatric liver transplanted patients through the review of the prospective database of the Paediatric Liver Transplant Unit of our centre; we included patients between 0-18 years of age who received a LT from 2003 to 2018 who had presented HAT in the first month after LT.

RESULTS

	Number of patients	Gender	Median age at transplan	Graft
Total	154	46%men/ 54% women	14 years (1-8.2)	Partial 75 (47%)/ Whole 83 (53%)
HAT	12	50% women/ 50% men	4.5 years (1.0-7.25)	Partial 7 (58%)/ Whole 5 (42%)

p>0.005 (Gender), *p>0.005* (Median age at transplan)

HAT	Time after LT	Number of patients	Diagnosis
	During LT	7 (LDLT)	Flow measurement
	First month after LT	5	Ultrasound Angio TC



CONCLUSIONS

The incidence of early HAT was close to 7%. In our experience, treatment of HAT in paediatric patients using interventional radiology techniques is safe and effective, even in the immediate postoperative period. 1 out of the 12 HAT required redo LT. We appreciate the incidence of HAT was elevated and we have introduced several measures to reduce the HAT (currently 1%).

