A MELD-SCORE BASED LIVER ALLOCATION SYSTEM HAS A NEGATIVE IMPACT ON WAITING LIST MORTALITY AND IS ASSOCIATED WITH LOWER POST-TRANSPLANT SURVIVAL IN A COUNTRY WITH A UNIQUE, LARGE GEOGRAPHIC ORGAN PROCUREMENT AREA

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Since June 2005 liver allocation in Argentina has incorporated MELD score to stratify patients in the waiting list. Due to an uneven distribution of transplantation centers no organ allocation areas were established, with a unique national waiting list serving a population of 39 million inhabitants. Aim: To evaluate the impact of MELD score in drop out, transplants and 1 year survival post transplantation. Patients and Methods: We included 707 consecutive patients registered in the waiting list, Period Pre-MELD: Listed June 1998/May 2005 in categories elective and urgency according to clinical and biochemical criteria (n=377). Period MELD: Listed June 2005/December 2008 stratified by MELD score (n=325). Overall and subgroup analysis was performed. Comparison between groups for quantitative variables was based on the test of t Student and for qualitative variables with Chi2 test. Actuarial probability of survival and drop out from the waiting list were calculated by Kaplan-Meier and compared using Mantel-Cox test. Results: In MELD period there was a 78 % increase in annual registration of patients without differences between etiologies or presence of HCC (15.3 vs 12.0 %). Mean age at registration was significantly higher in Period MELD (53.35±13 vs 49.11±14 years, p<0.05). 59 % of patients in period MELD were listed with MELD scores 12 to 19 (mean MELD16±6), while previously 72 % were listed in elective category. Number of transplants/year remained unchanged (35.2 vs 33.3). Yet time to transplantation was significantly shorter in Period MELD (8.7m vs 14.2m, p<0.001). Mean MELD at transplantation in Period MELD was 24.13±7.6 and 19.63±9.7 at drop out (p <0.001). Drop out was significantly higher in period MELD (18.4 to 14.5%, p<0.001). Rates of listed/transplanted patients decreased for cholestatic disease post MELD (66 to 23 %, p<0.05) and increased for HCC (17 to 91 %, p<0.001). One year patient and graft survival post transplant decreased from 93.1 to 83.5 % (p <0.001). Mean MELD of patients dying within 3 months post-transplant: was 27.8±5.6 compared to 23.2±7.4 in survivors (p <0.01). Conclusion: Application of MELD score in Argentina has demonstrated a negative impact on waiting list mortality and has been associated with lower early post transplant survival. Further tuning of the application of the system should be performed to optimize results.

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MAJOR NEUROLOGIC, RENAL AND CARDIAC COMPLICATIONS POST LIVER TRANSPLANT IN RECIPIENTS OVER 65 YRS OF AGE – SINGLE CENTER EXPERIENCE

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Introduction: Major neurologic, renal and cardiac complications can add to significant post transplant morbidity and mortality. The aim of this study is to assess the effect of these major complications in older recipients who underwent liver transplantation. Methods: We retrospectively reviewed 131 patients of 65 years or greater age(75 males/56 females) who underwent liver transplant between Sept 1998 until Dec 2008. Mean age was 71+ 25.2 yrs; (median 68 yrs) and median follow up was 38.4 months. Results: Neurologic complications: 16(12.2%) patients developed stroke post transplant. 11 (68.8%) had embolic stroke and 4 (25%) had hemorrhagic stroke and 1(6.3%) had both. The mean interval to stroke was 7.5+11.2 months. 8 (50%) patients died following stroke. 3 died from complications directly related to stroke. And remaining 5 died from other causes. The 1, 3 and 5 year actuarial survival was 75%, 68.2 and 54.6% respectively. Renal: 37 (28%) patients required dialysis post transplant, of which 25(67.5%) were new onset dialysis patients. Remaining 12(32.5%) were on dialysis prior to transplant. The mean pre transplant creatinine was 1.7+1.2. The mean post transplant creatinine at 1 month, 6 month and 1 yr was 1.5+0.8, 1.7+1.2 and 1.9+1.4 respectively. The relative risk of developing renal failure was 4.5 times higher if pre transplant creatinine was >1.5. CI (2.01-10.44) p value 0.001. The 5 yr survival for patients without dialysis post transplant was 53.6% and 35.3 % for patients on dialysis. (p value 0.02) Cardiac: 3 (2.3%) patients had documented Myocardial infarction post transplant. 2 of these patients died. 1 secondary to MI, other from unknown cause. Survival: At last follow up, 61 (47.3%) patients were alive. The overall patient survival at 1, 3 and 5 yrs was 68.7%, 60% and 48.8% respectively. Conclusion: Post transplant cerebro vascular and renal complications have a severe impact on the outcome of the patients over 65 yrs of age undergoing liver transplant. For improving outcomes in older recipients and to avoid neurological and renal complications, we need to put more emphasis on pre and post transplant screening.

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