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# Deceased donor (DD) vs living donor (LD) liver transplantation (LT) for biliary atresia (BA). Experience in 342 patients

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### ^ Abstract

**Introduction:** Biliary atresia (BA) is the main indication for liver transplantation (LT) in the pediatric age. Donor-selection strategy is still matter of debate. **Methods:** LT performed at our Institution between 1993-beginning of our living donor program-and 2015 were retrospectively analyzed. Patient and graft survivals were studied in BA patients according to age at LT (before and after 2 years-old) and type of donor (living donor vs deceased donor). Among 609 children, recipients of 649 grafts, the indications for LT were as follows: BA (56.1%), cholestatic diseases (19.4%), liver malignancies (7.5%), fulminant hepatitis (4.3%) and others (12.7%). For BA recipients, 150 DD and 216 LD grafts were used: only primary transplantations (342 grafts) were considered for this study. **Results:** Overall, the median age at LT was significantly lower for BA patients (median: 1.0 year; range: 0.3-15.7) comparing to other indications (3.9 years; 0.1-22.4) ( $P < 0.0001$ ). Overall 5-year patient and graft survivals were 86.9% and 82.2% respectively for non-BA, vs 95.1% and 88.8% for BA patients ( $P = 0.0001$  and  $P = 0.0033$ ). In the BA subgroup ( $n = 342$  pts), the median age was significantly lower when a LD-LT was performed (0.9 years; 0.4-10.8) comparing to DD-LT (1.4 years; 0.3-15.7) ( $P < 0.0001$ ). 264 patients have been transplanted  $< 2$  years-old (183 LD and 81 DD) and 78  $\geq 2$  years-old (31 LD and 47 DD). Overall re-transplantation rate in BA recipients was 9.3%. 5-year PATIENT survival was comparable for patients transplanted  $\geq 2$  years-old (97.4%) vs those transplanted  $< 2$  years-old (94.1%) ( $P = 0.9127$ ); conversely, 5-years GRAFT survival was significantly higher when LT was performed  $< 2$  years-old (90.0% vs 84.1%) ( $P = 0.0316$ ). In the subgroup of children  $< 2$  years-old, 5-year patient and graft survivals were significantly higher after LD-LT (96.6% and 90.6% respectively), than after DD-LT (88.9% and 81.5%) ( $P = 0.0156$  and  $P < 0.0001$ ). **Conclusions:** 1) BA constituted the main indication for LT in children,

for whom outcome seems to be better comparing to those transplanted for all other indications; 2) The use of LD-LT allowed to transplant children at a younger age, when compared with DD-LT, with a comparable patient survival rate, but with a better graft survival rate; 3) In the subgroup of BA children transplanted earlier (< 2 years-old), LD-LT provides significantly better outcome in both patient and graft survival rate.

Disease terms

**bile duct atresia**      cholestasis      hepatitis      liver cancer

Other terms

cancer patient      cancer survival      child      conference abstract      controlled study      **deceased donor**

female      graft survival      human      infant      **liver transplantation**      **living donor**

major clinical study      male      overall survival      recipient      retransplantation      retrospective study

surgery

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