on mortality in the six months after liver transplantation. Study of a larger cohort may detect statistical differences in less common events such as MI, CHF and cardiac related mortality.

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594
NEED AND TIMING OF KIDNEY TRANSPLANTATION IN RELATION TO LIVER TRANSPLANTATION IN POLYCYSTIC LIVER DISEASE

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Background: The most common complication of polycystic liver diseases (PCLD) is extensive hepatomegaly which may lead to invalidating abdominal symptoms. In case of ADPKD (autosomal dominant polycystic kidney disease), renal failure develops in 50% of the affected patients. Liver (LT) and/or kidney transplantation (KT) are the only curative therapeutic options for some of these patients. Aim: To study the need and the timing of KT in relation to LT in patients with PCLD. Methods: The outcome of patients who underwent a LT for PCLD between 1995 and 2011 in our tertiary referral center was studied. Results: Study population, 48 patients: 44 ADPKD (92%) and 4 ADPLD (8%) (autosomal dominant polycystic liver disease). In the ADPKD subgroup there were 36 women (82%) and 8 men (18%); in the ADPLD group all patients were women. In the ADPKD subgroup, 31 patients (70.5%) developed renal failure and underwent a KT at some time in their disease process: 18 patients (58%) received immediately a combined LT+KT (the indication for combined KT in case of LT was a clearance of < 30ml/min) (group A). 7 patients (23%) first received a KT and received then a combined LT+KT or a LT (group B); 6 patients (19%) first received a LT and subsequently a KT (group C). None of the ADPLD patients required a KT (group D). Detailed analysis of the different groups are given in the table. The 5 years liver graft and patient survival of LT was 91.6%. The 5 year graft and patient survival of combined LT+KT was 80%. Conclusion Post-transplant survival rates in PCLD are excellent. 70.5% of ADPKD patients, who received a LT, need a KT at some point during their disease process. After a KT, a LT was needed in 16% on average after 15 years; and this occurred especially in men and mostly because of liver volume related problems and recurrent liver cysts infections. After a LT, in 14% of the patients, especially women, a KT was needed on average after 8 years. Finally, combined LT+KT was necessary in 41% of the ADPKD patients

Table

	Group A n=18	Group B n=7	Group C n=6	Group D n=4
Age at the time of LT(yrs)	56	59	46	54
Men/women ratio	2/16	5/2	0/6	0/4
Time interval between transplantations (yrs)	-	15	8	-
Indications for LT: -liver volume related problems - recurrent liver cyst infections and sepsis	n = 15 n = 3	n = 5 * n = 2	n = 5 n = 1	n=3 n=1
Creatinine clearance at time of LT (+/- KT) ml/min range	15.2 6 - 28	LT: 69.6 37- 101 LT+KT: 13.2 11 - 17.5	63.3 36 - 88	83.7 66 - 104

Group A: Received directly a combined LT+KT

Group B: First received a KT, followed by a combined LT+KT or LT only later on.

Group C: First received a LT, followed by KT later on.

Group D: ADPLD patients

* In 2 patients there was concomitant liver disease

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595
ORTHOTOPIC LIVER TRANSPLANTATION IN HUMAN IMMUNODEFICIENCY VIRUS (HIV)-POSITIVE PATIENTS IN GERMANY

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Background: HAART has led to a dramatic reduction in HIV-associated morbidity and mortality, while liver disease-associated complications have become an increasing clinical challenge. In Germany liver transplantation has been offered to selected HIV-positive patients as compassionate treatment. This summary evaluates the outcomes of orthotopic liver transplantation (OLT) of HIV-positive patients in Germany. Methods: Retrospective chart analysis was performed in all 31 HIV-positive patients, who received a liver transplant between1997-2010. Results: OLT was offered to HIV-positive patients at 9 German transplant centres in order to treat end-stage liver disease (ESLD) due to chronic hepatitis C (HCV) in 18 patients (58%; 5 with additional hepatocellular carcinoma (HCC)) and due to hepatitis B (HBV) in 10 patients (32%; 1 with additional alcohol abuse and HCC each). One patient each required OLT because of Budd-Chiari syndrome, HBV/HCV dual co-infection and HBV/HCV/HDV co-infection respectively. On May 1st, 2010, 21/31 (68 %) of the transplanted patients were alive with a median survival of 52 months (IQR (interquartile range),38-75). Five patients had died during the first 3 months after OLT (primary graft dysfunction (n=1), intra-thoracic haemorrhage (n=1) and septicaemia (n=3)), and 5 patients died after 8, 10,13, 31 and 56 months, respectively (septicaemia (n=1), graft failure (n=2), recurrent HCC (n=1) and septicaemia after re-re-transplantation (n=1). Recurrent HBV infection was efficiently prevented in 11/12 patients by HBs-hyperimmunoglobulin and nucleoside analogues, whereas HCV infection recurred in all HCV-positive patients and contributed considerably to the over-