

Documents

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Post Living Donor Liver Transplantation Small-for-size Syndrome: Definitions, Timelines, Biochemical, and Clinical Factors for Diagnosis: Guidelines from the ILTS-iLDTL-LTSI Consensus Conference (2023) *Transplantation*, 107 (10), pp. 2226-2237. Cited 1 time.

DOI: 10.1097/TP.0000000000004770

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Abstract

Background. When a partial liver graft is unable to meet the demands of the recipient, a clinical phenomenon, small-for-size syndrome (SFSS), may ensue. Clear definition, diagnosis, and management are needed to optimize transplant outcomes. **Methods.** A Consensus Scientific committee (106 members from 21 countries) performed an extensive literature review on specific aspects of SFSS, recommendations underwent blinded review by an independent panel, and discussion/voting on the recommendations occurred at the Consensus Conference. **Results.** The ideal graft-to-recipient weight ratio of $\geq 0.8\%$ (or graft volume standard liver volume ratio of $\geq 40\%$) is recommended. It is also recommended to measure portal pressure or portal blood flow during living donor liver transplantation and maintain a postreperfusion portal pressure of < 15 mm Hg and/or portal blood flow of < 250 mL/min/100 g graft weight to optimize outcomes. The typical time point to diagnose SFSS is the postoperative day 7 to facilitate treatment and intervention. An objective 3-grade stratification of severity for protocolized management of SFSS is proposed. **Conclusions.** The proposed grading system based on clinical and biochemical factors will help clinicians in the early identification of patients at risk of developing SFSS and institute timely therapeutic measures. The validity of this newly created grading system should be evaluated in future prospective studies. © 2023 Lippincott Williams and Wilkins. All rights reserved.

Index Keywords

adult, article, consensus, controlled study, diagnosis, female, human, liver transplantation, liver weight, living donor, male, portal vein blood flow, portal vein blood pressure, practice guideline, prospective study, risk assessment, validity, hemodynamics, liver, liver regeneration, living donor, organ size, surgery, syndrome; Hemodynamics, Humans, Liver, Liver Regeneration, Liver Transplantation, Living Donors, Organ Size, Syndrome

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Publisher: Lippincott Williams and Wilkins

ISSN: 00411337

CODEN: TRPLA

PubMed ID: 37749812

Language of Original Document: English

Abbreviated Source Title: Transplantation

2-s2.0-85173884699

Document Type: Article

Publication Stage: Final

Source: Scopus