ASTS 7th Annual Fellows Symposium
Liver Case Studies
Sunday, October 6, 2013

Liver Case #1: Recipient A: 46M with HCV cirrhosis, MELD 43, intubated, on vasopressin, on continuous venovenous hemodialysis. Evaluation was completed when he had a MELD score of 22.
He was determined to be an excellent candidate from a social, surgical and medical standpoint

Donor: 37M fall from 2nd story, ICH→ brain death. 30 minutes down time. 5 d in hospital.

- No PMHx
- NAT testing neg, serologies EBV/CMV IgG + only
- Labs: Na 162, AST/ALT (peak 2700/1800 →1100/800) INR 1.5, Bili 1.6, Creatinine 0.8→2.1

1. Discuss candidacy at this MELD score
2. Donor selection for hep C patients
3. Donor hypernatremia discussion

Liver Case #2: You receive a donor notification. Match Run reveals you have recipient number 1 and 3. #1 recipient is a 50 with a history of Hep C cirrhosis and 12 weeks of dialysis. Prior to dialysis he had renal insufficiency and non insulin dependent DM. #3 recipient is a 57 year old male with long standing renal failure. With recent onset decompensated alcoholic cirrhosis.

1. Discuss liver allocation system in USA
2. Discuss indications for liver/kidney transplantations

Liver Case #3: You are evaluating a 68 y.o. male with a history of NAFLD to determine their candidacy for liver transplantation. Complications of his liver disease include encephalopathy, mild ascites and no variceal bleeds. His current MELD score is 24 and he has a serum creatinine of 1.5 mg/dl. His BMI is 35. His PMH and evaluation are as follows:

- 2 vessel coronary artery disease with a 50% lesion in the LAD and 60% lesion in the 1st OM
- Type 2 diabetes controlled with oral meds, but he has a history of requiring insulin for diabetes control about 3 years earlier.
- 40+ pack year smoking history, PFTs demonstrate a mild obstructive pattern.

No history of peripheral vascular disease.

1. Discuss recipient evaluation
2. Discuss Obesity in potential recipients and available options

ASTS 7th Annual Fellows Symposium
Liver Case Studies
Sunday, October 6, 2013

Liver Case #4: 59 year old pt with decompensated cirrhosis secondary to HBV. He was found to have a 6 cm mass consistent with HCC and elevated AFP of 50. Total bilirubin= 0.9 mg/dL; AST= 40 U/L; ALT =28 U/L; INR=1; Hgb= 12 g/dl; Platelets= 148,000.

1. Discuss hepatitis B recipient options
2. HCC and transplantation
3. Down-staging as an option to transplantation

Liver Case #5: 52 y/o male, s/p LT 1 year ago for HCV cirrhosis. Patient was treated for 1 episode of acute cellular rejection (ACR) 2 months post-OLT with steroids and good response. Since then multiple biopsies have shown HCV recurrence without overt evidence of ACR. HCV treatment was attempted but not tolerated. At present, AST/ALT 256/278, total bilirubin= 4, serum albumin = 2.8, INR =1.4, and serum creatinine =2, MELD score of 22. Biopsy showed viral hepatitis with bridging fibrosis. Clinically, the patient has worsening fatigue, and ascites. Ultrasound demonstrated patent portal vein, hepatic veins, and hepatic artery.

1. Discuss Acute rejection in the sitting of Hep C
2. Retransplantation in face of Hep C