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Pediatric living donor liver transplants in a single center in India: First double century

Aim: To assess the outcome of pediatric patients after living donor liver transplantation (LDLT).

Methods: Retrospective analysis of prospectively collected data of 212 LDLT in 209 pediatric patients from August 2003 to July 2016.

Results: Out of 212 liver transplants done on 209 patients, 128 were males (60.3%) with median age 59±70.8 months; range 2-228 months and with median body weight of 16±20.440 (2.1-80 kg). Indications were chronic liver disease (CLD) in 143 out of which cholestasis was there in 101 (70.6%; biliary atresia 76). 58 patients presented with acute or acute on chronic liver failure (cryptogenic 13, HAV 5, Wilson's disease 24, autoimmune hepatitis 8 and tyrosinemia 5, neonatal hemochromatosis 1, drug induced 2). Overall metabolic causes were there in 73 (Wilson's disease 29, tyrosinemia 11, PFIC 13, Alagille's syndrome 4, Citrullinemia 3, primary hyperoxaluria 3, maple syrup urine disease 3, Protein C & S deficiency 3, GSD-1, neonatal hemochromatosis 1, Factor 7 deficiency 2). Parents were the donors in 152 (Mother 112), close relatives in 50. There was 7 swap donor and 2 domino graft. Immediate complications included hypertension (31%), acute rejection (25%), hyperglycemia (22.5%), sepsis (33.2%), CMV hepatitis (17%) and chylous ascites (7.5%). Biliary complications were seen in 32 out of which 18 biliary leak and 22 biliary stricture. In biliary leak 13 had PCD, 3 re-explore, 2 PTBD and biliary stricture 13 had PTBD, 2 ERCP and PTBD 2, ERCP 2, re-explore 2, ERCP and re-explore 1. Portal vein thrombosis was seen in 9 (6 had re-laparotomy, 3 managed conservatively) and hepatic artery thrombosis in 10 cases (1 died, 1 re-transplanted, 1 left iliac to HA conduit, 3 arterilization of portal vein. 2 re-explore and thrombectomy, 2 had both arterilzation and re-explore. Mean hospital stay was 29 days (13-63). 6 patients had chronic rejection, 4 died, 1 underwent re-transplant, others awaiting re-transplant. 1 year survival rate was 91% with an overall survival of 89% at mean follow up of 29 months (1-85).

Conclusion: Pediatric LDLT is well established in India with results comparable to the best centers in world. Immediate complications, although frequent, were managed successfully. Long term complications were uncommon. Transplantation in small babies is very challenging. A multidisciplinary team is the key to success

Biography

Neelam Mohan is the Director of the Department of Pediatric Gastroenterology, Hepatology and Liver Transplantation, Medanta-The Medicity, India and Secretary and President Elect in Commonwealth Association of Pediatric Gastroenterology and Nutrition (CAPGAN) in 2016-2017. She is pioneer in liver transplant in India and her team has completed more than 214 pediatric liver transplants and credited. Her chief clinical or research interests include liver transplantation, hepatitis B and C, IBD and metabolic liver disease. She has 210 publications to his credit and edited 2 books on Pediatric Gastroenterology and Hepatology and has authored 47 chapters in various books in her field. She has been conferred with the prestigious Dr. B C Roy National Award by the President of India for Best talents in encouraging the development of medical specialties. She was the Founder Secretary of Indian Society of Pediatric Gastroenterology, Hepatology and Nutrition (ISPGHAN 2014-2016)

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