



Blood purification after liver transplantation may be a useful choice?

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Background: Today is known how high levels of bilirubin and bile salts can cause toxic effects on brain and induce damage also in other tissues.¹⁻² In particular bilirubin and bile salts have effects on native and transplanted liver³, and are relevant in the genesis of transplantation-related complications like Ischemic-type biliary lesions (ITBL) a serious complication, able to cause delayed graft failure². Our aim is research the positive predictive value of decreased bilirubin clearance ratio in the development of biliary complications, comorbidities and mortality.

Materials and method: We have examined all patients submitted to OLT in the hospital of Udine from 2010 to 2018. We excluded, for research-technical reasons, patients without ICG-PDR data and homogeneous features. Association between each predictive variable and each complication has been studied using Cox-regression method. All variables characterized by positive correlation have been studied using a multivariate Cox-regression model. Kaplan Meier plot was used to estimate the overall survival (OS).

Conclusion: Decreased bilirubin clearance ratio 24h postOLT and one week after OLT are two major predictors of biliary complication such as leakages and mortality. This feature could be explained by toxic damage caused by bilirubin and bile salts on hepatocytes, cholangiocytes and all epithelial cells. About this, blood purification may be helpful to remove a lot of inflammatory mediators. These techniques have demonstrated the capacity to restore immune function.

Univariate Logistic Regression

BCR24h	Odds Ratio	P> z	[95% C. I.]
LEAKAGES	13.261	0.017	1.58 111.04

Tab.1 BCR24h : a predictor of biliary leakages

Multivariate Cox-Regression

BCR24h	Haz. Ratio	P> z	[95% C. I.]
MORT.1 YEAR	1.607	0.005	1.15 2.25

Tab.3 BCR24h : the only significant variable associated with OS

Univariate Cox-Regression

BCR1W	Haz. Ratio	P> z	[95% C. I.]
MORT.90d	1.294	0.075	0.97 1.72

Tab.2 Association between low BCR at the end of the first P.T. week and the rise of the mortality after 90 days

BCR24h = (bil.value 24h after OLT - opening post OLT bil.value) / opening post OLT bil.value
 BCR1W = (bil.value 7days after OLT - opening post OLT bil.value) / opening post OLT bil. Value

Bibliography

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