

# Liver Transplants With Grafts With Moderate Macro-vesicular Steatosis

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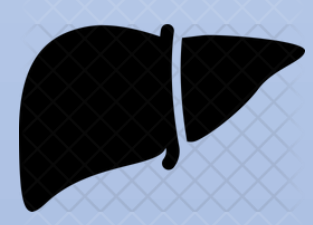
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## INTRODUCTION

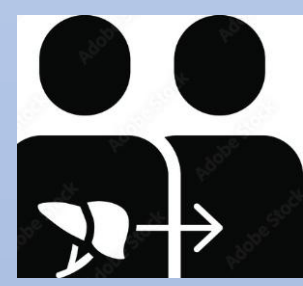
In the era of machine perfusion (MP), macro-vesicular steatosis greater than 30% remains a significant risk factor that frequently restricts the utilization of liver grafts.

## METHODS & RESULTS

Donor & Graft



Recipient



66 years  
BMI 52  
DRI 2.01  
CIT 10h

**DHOPE+PerSorb 290 min**

66 years  
ALD, HBV, HCV cirrhosis  
MELD 12  
Grad 1 PVT

64 years  
BMI 64  
DRI 2.05  
DMID  
CIT 10h

**DHOPE+PerSorb 150 min**

68 years  
HBV, HDV cirrhosis  
MELD 16

44 years  
BMI 28  
DRI 1.06  
CIT 10h  
**DHOPE**

63 years  
ALD/MASH/HCV  
cirrhosis  
MELD 11

49 years  
BMI 41  
DRI 1.3  
CIT 10h  
**DHOPE**

60 years  
ALD/MASH/HCV  
cirrhosis  
MELD 30



No post-op complications  
AKI stage 1  
Discharged with normal liver & kidney function

Case 4 underwent combined liver kidney Tx with EAD and DGF

## CONCLUSION

The combined treatment of HMP and the Persorb cytokine filter appears to be a viable strategy for grafts with moderate steatosis. Post-transplant renal function should be monitored, as these livers come from marginal donors.