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Auxiliary partial orthotopic liver transplantation series in single center

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Introduction: Auxiliary partial orthotopic liver transplantation (APOLT) is a technically challenging procedure in which a segmental liver graft is implanted orthotopically following a native liver partial hepatectomy. Despite being considered an innovative technique, it is gradually gaining acceptance as a bridge therapy in acute liver failure with the possibility of immunosuppression free survival.

Methods: We had four patients who underwent APOLT.

Results: The first patient was diagnosed as factor H deficiency. He underwent APOLT from his father who was a 33-year-old. He died post-transplant lymphoproliferative (PTLD) disorder after 9 month of APOLT. The second patient was diagnosed as fulminant liver cirrhosis due to alcoholic liver cirrhosis. He underwent APOLT from his son who was a 24-year-old donor. After 14 years, we found native liver hepatocellular carcinoma (HCC). He got Transcatheter arterial chemoembolization and radiofrequency ablation for HCC. The third patient was diagnosed as HELLP syndrome. She developed hepatic encephalopathy and eventually required ventilator and renal replacement therapy. After emergent C-section, she referred to acute to our center for management of fulminant liver failure (UNOS status 1). She underwent APOLT from a 35-year-old deceased donor. Cold ischemic time was 723 minutes and warm ischemic time was 33 minutes. Initially she took triple therapy of immunosuppressants. Finally she stop immunosuppressants. The last patient was diagnosed as Wilson's disease. Cold ischemic time was 121 minutes and warm ischemic time was 33 minutes.

Conclusions: APOLT is a technically challenging procedure, but there is chance of immunosuppression free survival.

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