

Twenty-year Longitudinal Follow-up After Liver Transplantation: A Single-center Experience With 251 Consecutive Patients

Shin HWANG¹, Minjae KIM¹, Chul-Soo AHN¹, Deok-Bog MOON¹, Tae-Yong HA¹, Gi-Won SONG¹, Dong-Hwan JUNG¹, Gil-Chun PARK¹, Jung-Man NAMGOONG¹, Sung-Gyu LEE¹

¹Department Of Surgery, Medical Center, University Of Ulsan College Of Medicine, REPUBLIC OF KOREA

Background : The outcomes of liver transplantation (LT) have improved, but actual 20-year survival data are rarely presented.

Methods : Longitudinal follow-up data of 20-year LT survivors were retrospectively analyzed. LT database of our institution was searched to identify patients who underwent primary LT from January 2000 to December 2001. The study cohort of 251 patients was divided into three groups, including 207 adults who underwent living donor LT (LDLT), 22 adults who underwent deceased donor LT (DDLT), and 22 pediatric patients who underwent LT.

Results : Hepatitis B virus (HBV)-associated liver cirrhosis and biliary atresia were the most common indications for adult and pediatric LTs, respectively. Seven patients required retransplantation, including six who underwent DDLT and one who underwent LDLT. Twenty-two patients died within 3 months after LT and 69 died at later intervals. The overall patient survival rates at 1, 3, 5, 10, and 20 years were 86.4%, 79.6%, 77.7%, 72.8%, and 62.6%, respectively, in the adult LDLT group; 86.4%, 72.7%, 72.7%, 72.7%, and 68.2%, respectively, in the adult DDLT group; and 86.4%, 86.4%, 81.8%, 81.8%, and 77.3%, respectively, in the pediatric LT group ($p = 0.545$). Common immunosuppressive regimens at 20 years included tacrolimus monotherapy, tacrolimus-mycophenolate dual therapy, cyclosporine monotherapy, and mycophenolate monotherapy.

Conclusions : The present study is the first report of actual 20-year survival data in a Korean high-volume LT center. The graft and patient survival outcomes reflected the early experiences of LT in our institution, with long-term outcomes being similar regardless of graft type and patient age.

Corresponding Author : **Shin HWANG** (shwang@amc.seoul.kr)