

Liver Transplantation For Hepatocellular Carcinoma From Living-Donor Vs. Deceased Donor

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Background : Liver transplantation offers excellent long-term outcome for certain patients with hepatocellular carcinoma. liver transplantation (LT) remains the most effective curative treatment modality because it provides both an oncologic resection as well as replacement of the diseased liver. the efficacy of LDLT versus DDLT is still controversial. we aimed to compare the recurrences and survival outcomes of LDLT to those of DDLT for HCC patients.

Methods : This was a retrospective study from Acıbadem Hospital, university of acıbadem ,turkey. Medical records of 1016 patients who underwent LT between january 2012 and december 2020 were retrospectively analyzed. Tumor evaluation was based on contrast imaging, either computed tomography (CT) or magnetic resonance imaging (MRI), Florodeoksiglukoz-pozitron emütion tomografi(FDG-PET). Bu çalışmada primer sonuç onkolojik sonuçları such as recurrences rate, disease-free (DFS) and overall survival (OS) between LDLT and DDLT in patients with HCC.

Results : . significant efficacy of Nux, ES, Pet CT, Tumor Differentiation on survival time was observed in the multivariate model. Significant efficacy of Nux, ES, Locoregional Treat, Pet CT on survival time was observed in the multivariate reduced model. Overall survival in the LDLT group 85.6 Overall survival in the LLLT group 95.6 did not differ significantly. Significant efficacy of MVI, Pet CT, Cold Ischemia on disease-free survival was observed in the univariate model. A significant efficacy of MVI on disease-free survival was observed in the multivariate reduced model. The predicted disease-free survival time in the LDLT group was 93.2. The predicted disease-free survival rate in the LLLT group was 90.3. There was no significant difference. Recurrence occurred in 32 (14.8%) cases: 13 of 62 (22.8%) patients in the DDLT group and 7 of 75 (9.5%) patients in the LDLT group. 1-, 3-, and 5-year recurrence rates between recipients after LDLT and DDLT were 5.4%, 6.5% and 9.5%, 21.6 % and 9.5%, 22.8% respectively.

Conclusions : In conclusion the survival benefit appeared to be similar between LDLD and DDLT. The 1-, 3- and 5-year rates of recurrences were higher DDLT than LDLT but the cold ischemia, pet-ct value and Microvasculer invasion seem to have significant impact on the recurrence. there is no evidence to support higher HCC recurrence after LDLT than DDLT. LDLT should always be considered as a treatment option for HCC patients with advanced cirrhosis in areas where deceased donors are scarce or for patients whose tumor status interrupts access to grafts from deceased donor.

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