

Four Years of Hepatic Transplantation in the Republic of Moldova

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Abstract

Ever since the first liver transplant in the Republic of Moldova in 2013 we have performed 30 liver transplantations, the first having been performed in collaboration with the surgical team from Romania, led by Professor Irinel Popescu. The serious deficit of available cadaveric organs has forced us to begin with right hemi-liver transplantation from a living donor. In one third of liver transplantations we used right hemi-liver graft from a living donor, and in 2/3 of cases whole liver graft was harvested from brain-dead donors. The indication for surgical intervention in most cases was hepatic cirrhosis of viral aetiology in terminal stages, three cases of hepatocellular carcinoma, and one case for each of primary biliary cirrhosis, drug-induced toxic hepatitis, and liver retransplantation caused by hepatic arterial thrombosis. 10 cadaveric grafts were harvested from elderly donors (> 65 years). In the early postoperative period, four recipients died (2 live donor graft recipients and 2 graft recipients from donors with brain death). Causes of death were: intracerebral haemorrhage in the early postoperative period - 1, acute graft rejection - 1, hepatic artery thrombosis - 1, primary graft dysfunction - 1. There were no deaths during the late postoperative period. Of the complications that occurred during the early postoperative period we can highlight acute graft rejection -2, hepatic arterial thrombosis - 1, intraabdominal postoperative haemorrhage - 1, hepatic artery thrombosis -1, biliary peritonitis - 1, primary graft dysfunction -1, seizures -1. Complications during the postoperative period: biliary peritonitis after choledochal drainage removal - 1, "small-for-size" - 2. The accumulated experience and the use of modern technologies has allowed us to reduce the postoperative mortality rate, as well as the rate of occurring complications, in order to transfer this surgical intervention from the category of exclusivity operations to the category of daily interventions.

Key words: liver transplantation, living donor, brain-dead donor, transplant agency