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## Extended Left Lobe Graft For Adult-to-adult Living Donor Liver Transplantation: Benefits And Feasibility

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**Background** : Living donor liver transplantation (LDLT) is currently widespread due to organ shortage. LDLT is basically a high-risk surgery for the donor. In general, donor left hepatectomy has less donor morbidity when compared to donor right hepatectomy. Therefore, in LDLT where donor safety is most important, the use of left lobe is an option that must be considered. This study is performed to evaluate donor safety and recipient outcomes when using an extended left lobe graft.

**Methods** : From January 2018 to August 2022, LDLT was performed on 225 patients at our center. Among them, 32 patients underwent LDLT using an extended left lobe (ELL) graft and 193 patients underwent LDLT using a modified right lobe (MRL) graft. In these two groups, donor safety was first compared, and then, the recipient outcomes were compared according to the type of graft. To assess the donor safeties and recipient outcomes, various preoperative and operative factors were evaluated.

**Results** : The mean age of the ELL group was 33.5, and the mean age of the MRL group was 37.9, showing no statistical difference. Due to the volume problem of the graft, the ELL group had a male ratio of 93.8%, which was higher than that of the MRL group, which was 59.6%. The complication rate of Clavien-Dindo IIIa or more was the same in both groups, but peak total bilirubin and peak prothrombin time (PT) INR after donor hepatectomy were both significantly higher in the MRL group. Normalization of total bilirubin and PT were also earlier in the ELL group. In terms of recipients, there was no difference between the two groups in vascular complications or biliary complications. The 1-year and 3-year survival rates were 93.3% and 83.5% in the ELL group, which were not different from 87.3% and 80.9% in the MRL group.

**Conclusions** : The use of ELL grafts in LDLT is not detrimental to recipient outcomes while preserving donor safety. In adult-to-adult LDLT, if the volume of the graft is sufficient, the ELL graft should be considered.

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