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Long-term Outcomes Of Left Lateral Segment Grafts In Lowweight Pediatric Recipients Liver Transplantation: Comparing Reduced Versus Full Grafts

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Background : A Reduced left lateral section (rLLS) graft was introduced to small children during living donor liver transplantation (LDLT) to avoid a large-for-size syndrome. However, outcomes of rLLS grafts in split LT (SLT) compared with those after LDLT have not been reported.

Methods : We retrospectively reviewed 92 pediatric recipients weighing less than 10kg who underwent LDLT or SLT between 1991 and 2016. The long-term outcomes between rLLS (n=20) and full LLS (fLLS, n=72) grafts were compared in small children less than 10kg. The outcome of rLLS graft in SLT was compared to those in LDLT.

Results : Primary abdominal closure was done in all. The 5-year graft survival rates were statistically lower in patients with rLLS grafts than fLLS grafts (80.0% vs. 94.4%, p = 0.05). 5-year survival rates were comparable in both groups (85.0% and 90.3%, p = 0.50). When the 5-year graft survival rates were compared between rLLS grafts after LDLT (n=9) and SLT (n=11), they were not different (77.8% vs. 81.8%, p = 0.74). Four rLLS graft patients had graft failure; acute rejection 2 months after LDLT, hepatic artery thrombosis 2 months after LDL, chronic rejection 4 years after SLT, and portal vein occlusion 1 year after SLT. The factors related to graft survival were vascular complications but not graft type. The 5-year graft survival rates of fLLS grafts with vascular complications were significantly lower than those without vascular complications (77.8% and 100.0%, p < 0.01). The 5-year graft survival rates of rLLs grafts with vascular complications were also statistically lower than those without vascular complications (50.0% and 92.9%, p = 0.02).

Conclusions : A rLLS graft was safely used without increased risk of surgical complication in small children who underwent either LDLT or SLT. However, the graft survival was lower in patients with rLLS graft and affected by vascular complications.

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