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## HEPATIC ARTERY THROMBOSIS ASSOCIATED WITH FUNGAL INFECTION: REPORT OF TWO CASES

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**Background** : Hepatic artery thrombosis (HAT) occurs in 2.5–6% of patients after liver transplantation (LT). HAT is mainly triggered by non-surgical (age, hypercoagulation state, rejection, etc.) and surgical factors, which might result in primary dysfunction and graft loss.

**Methods** : We describe two cases of early HAT associated with a fungal infection. The first instance was a 62-year-old male, diagnosed with hepatocellular carcinoma-cirrhosis Child-Pugh B (MELD 14), who underwent LT from a deceased donor procured in another hospital with a cold ischemic time >180 minutes. The second was a 36-year-old male with Child-Pugh class C cirrhosis (MELD 39), who had right lobe LT from a living donor and intra-operative blood loss of 8,000 mL.

**Results** : After 6–7 days, one patient developed a fever and exceptionally high liver enzymes without signs of elevated bilirubin, suggesting hepatic cell necrosis. High-dose corticosteroids were used to prevent graft failure. Then, a CT scan was performed, showing an obstructed hepatic artery. Meanwhile, the latter was still in the ICU, on hemodialysis, and had developed hemorrhage shock originating from an arterial anastomosis. Re-operation was performed on both cases, and the hepatic artery filled up with thrombosis caused by a fungal infection, but the patients died several days later.

**Conclusions** : To conclude, fungal-related HAT is lethal and could occur in high- or low-risk cases; re-operation is not a feasible option. Besides, it should be soon differentiated from graft rejection (elevated bilirubin) and primary graft dysfunction (early elevated enzymes) to initiate proper and prompt treatment.

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