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When You Meet Graft-versus-host Reaction Or Disease (GVHD) In Liver Transplantation(LT), Realistic Case. Case Report.

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Background : Living Donor Liver Transplantation (LDLT) performed world widely, and we rare but experienced unfortunately complication such as GVHD. LDLT mortality has decreased, but mortality is very high when GVHD occurs. Our center performed approximately 400 LDLTs per year. Although extremely rare, we have experienced GVHD after liver transplantation. Therefore, we can immediately suspect and diagnose this disease, but treatment is still limited. I reviewed the most recent case.

Methods : I reviewed the most recent case.

Results : A 67-year-old man was diagnosed with Hepatitis C virus with Hepatocellular carcinoma. He underwent LDLT in July 28th 2022. The donor was his nephew. The graft to recipient weight ratio (GRWR) was 1.63. His preoperative Model For End-Stage Liver Disease (MELD) score was 14. On the first day after surgery, his cardiac enzymes were extremely elevated. Echocardiography and coronary angiography revealed mild stenosis of the left anterior descending artery. His heart function quickly returned to near normal. The patient was transferred to a general ward on the 9th day after surgery, and was expected to recover well and be discharged on the 21st day after surgery. However, from the 20th day after surgery, general weakness and drowsy mentality were observed. A high fever occurred on the 24th day after surgery, and a generalized skin rash accompanied by diarrhea occurred the next day. At the same time, leukopenia worsened. I suspected GVHD because I had experienced GVHD, which was extremely rare. We consulted a dermatologist for a skin biopsy and sigmoidoscopy for a biopsy. And we consulted diagnostic laboratory medicine to confirm donor macrochimerism. At the same time, high-dose steroid treatment was initiated. GVHD was confirmed histologically on day 29 after surgery. Early detection and treatment were started as soon as possible, but unfortunately the patient's condition did not improve, so treatment in an intensive care unit was considered. I explained the poor prognosis of his disease to the patient's family. They didn't want him to suffer alone anymore. They decided to give up intensive care. And he was discharged to be with his family on the 34th day after surgery.

Conclusions : In fact, it is still impossible to overcome GVHD in liver transplant patients. But early diagnosis is possible. Early diagnosis of a disease for which there is no cure may seem pointless, but it can help patients and families make decisions. It was a case where early diagnosis made other choices possible.

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