

# How to identify early graft dysfunction preoperatively?

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Small-for-size graft dysfunction (SFSGD) following living-related liver transplantation (LRLT) is characterized by early graft dysfunction (EGD) when the graft-to-recipient body weight ratio (GRBWR) is below 0.8%. However, patients transplanted with GRBWR above 0.8% can develop dysfunction of the graft.

A research team, led by Dr. Salvatore Gruttadauria from University of Pittsburgh analyzed a group of LRLT recipients in order to identify those who developed a clinical picture of SFSGD in the absence of a GBWR of

Their study will be published on September 28, 2009 in the *World Journal of Gastroenterology*.

In this study, a trend in favor of the non-EGD group (3-mo actuarial survival 98% vs 88%,  $P = 0.09$ ; 3-mo graft mortality 4.7% vs 20%,  $P = 0.07$ ) was observed as well as shorter length of stay (LOS) (13 d vs 41.5 d;  $P = 0.001$ ) and smaller requirement of peri-operative Units of Plasma (4 vs 14;  $P = 0.036$ ). Univariate analysis of pre-transplant variables identified platelet count, serum bilirubin, INR and Meld-Na score as predictors of EGD. In the multivariate analysis transplant Meld-Na score ( $P = 0.025$ , OR: 1.175) and pre-transplant platelet count ( $P = 0.043$ , OR: 0.956) were independently associated with EGD.

They drew a conclusion that a prompt recognition of EGD can trigger a timely and appropriate treatment.

More information: Gruttadauria S, di Francesco F, Vizzini GB, Luca A, Spada M, Cintonino D, Li Petri S, Pietrosi G, Pagano D, Gridelli B. Early [graft](#) dysfunction following adult-to-adult living-related [liver transplantation](#): Predictive factors and outcomes. World J Gastroenterol 2009; 15(36): 4556-4560, [www.wjgnet.com/1007-9327/15/4556.asp](http://www.wjgnet.com/1007-9327/15/4556.asp)

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