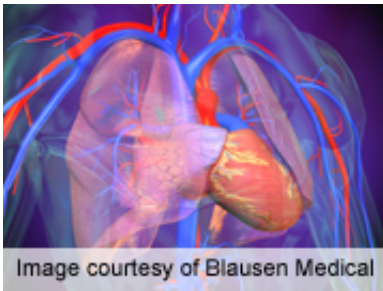


# Liver transplant outcomes no worse with echo abnormalities

December 7 2012

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Intracardiac shunts, diagnosed using an echocardiogram, or mild or moderate pulmonary hypertension, do not affect short- or long-term mortality in liver transplant candidates, according to research published online in the Dec. 15 issue of *The American Journal of Cardiology*.

(HealthDay)—Intracardiac shunts (ICSs), diagnosed using an echocardiogram, or mild or moderate pulmonary hypertension (PH), do not affect short- or long-term mortality in liver transplant candidates, according to research published online in the Dec. 15 issue of *The American Journal of Cardiology*.

Matthew E. Harinstein, M.D., of the University of Pittsburgh Medical Center, and colleagues conducted a [retrospective cohort study](#) involving 502 consecutive patients (318 men) with end-stage liver disease who had echocardiography prior to [liver transplantation](#). Contrast echocardiography was used to diagnose ICSs, and PH was defined as pulmonary artery systolic pressure >40 mm Hg.

The researchers found that more than 50 percent of the study population had at least two [cardiovascular risk factors](#): ICSs were found in 16 percent, PH in 25 percent, and intrapulmonary shunts in 41 percent of liver transplant candidates. Short-(30-day) and long-term (mean, 41 months) mortality was not associated with ICSs or PH. Furthermore, no strokes occurred in those with ICSs.

"In conclusion, structural differences exist between various end-stage liver disease diagnoses. ICSs diagnosed by echocardiography are not associated with an increased risk of perioperative stroke or increased mortality. A diagnosis of mild or moderate PH on baseline echocardiogram is not associated with worse outcomes and requires further assessment," the authors write. "Based on these findings, patients should not be excluded from consideration for liver transplantation based solely on the presence of an ICS or PH."

**More information:** [Abstract](#)  
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