

Advances improve graft survival of intestinal, multi-visceral transplant patients

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Innovations in surgical techniques, drugs and immunosuppression have improved survival after intestinal and multi-visceral transplants, according to a retrospective analysis of more than 500 surgeries done at UPMC over nearly 25 years.

The study was led by Goutham Kumar, M.D., a transplant surgery fellow at UPMC's Thomas E. Starzl Transplantation Institute. Dr. Kumar was recognized for his work with the Young Investigator Award by the 2014 World Transplant Congress and presented his findings at the group's July 26 to 31 meeting in San Francisco.

"UPMC has led the way in the development of new surgical techniques and important research involving transplantation, and our analysis shows that our innovations have made a real difference to patients," Dr. Kumar said.

The researchers examined 541 intestinal and multi-visceral transplants done at UPMC from 1990 to 2013. The total consisted of 228 pediatric transplants and 313 adult transplants; 252 were intestine-only transplants, 157 were liver-intestine, 89 were full multi-visceral, and 43 were modified multi-visceral. A majority of the pediatric patients suffered from gastroschisis, followed by volvulus and necrotizing enterocolitis. The adult [patients](#) needed [transplants](#) because of thrombosis, Crohn's disease or some kind of obstruction.

Researchers analyzed several outcomes and found that pre-conditioning

with certain immunosuppressants, the time the graft is outside of the body, certain blood types and a disparity in the gender of donor and recipient were among the factors predicting [graft survival](#).

Provided by University of Pittsburgh

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