

Combined liver-kidney transplantation:

Clinical outcomes at a major Australian transplant hospital

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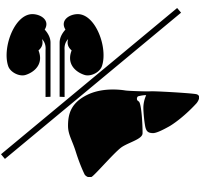
Objective

The purpose of this project was to review the clinical course of patients who underwent combined kidney and liver transplantation at Princess Alexandra Hospital (PAH), Brisbane, Queensland, Australia

Methods

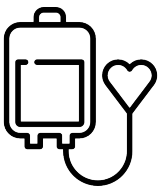
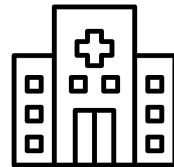
Retrospective analysis of all patients who underwent combined kidney liver transplantation at PAH between 2002-2020

Results



11 patients underwent combined liver kidney transplant

Average length of stay was **34 days**



5 patients returned to theatre for post operative complications

Average creatinine at 30 days was **105**



Average at 12 months was **106**

The decision for combined transplantation is difficult and involves a tailored patient approach. The most common indication was ADPKD with end stage renal failure and hepatic cysts causing significant mass effect.

3 patients in the cohort had not yet become dialysis dependent however were likely to progress to ESRF with calcineurin inhibitor therapy for liver transplantation alone.

4 patients had delayed graft function and required haemodialysis within 72 hours of transplant. No patient required dialysis beyond the post operative period

INDICATION FOR COMBINED TRANSPLANTATION	n=
Autosomal dominant polycystic kidney disease with large polycystic liver	6
Advanced cirrhosis with hepatorenal syndrome	3
Advanced rejection of previous liver transplant with ESRF due to CNI toxicity	1
Hepatitis C cirrhosis with IgA nephropathy	1

Conclusion

Combined liver kidney transplantation is surgically challenging however offers good clinical outcomes in selected patients