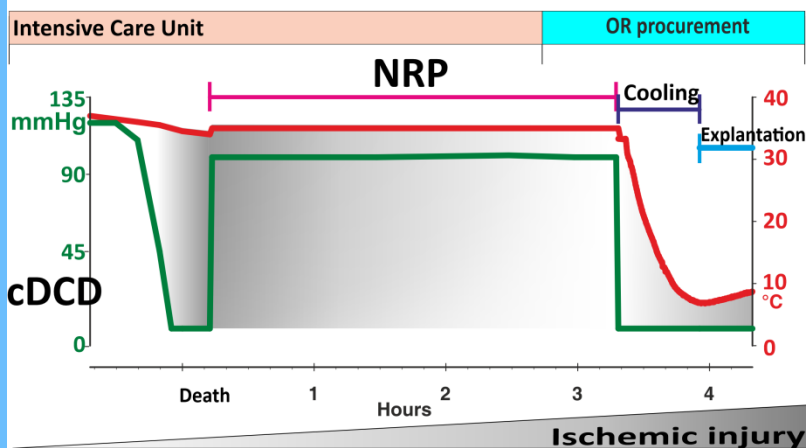
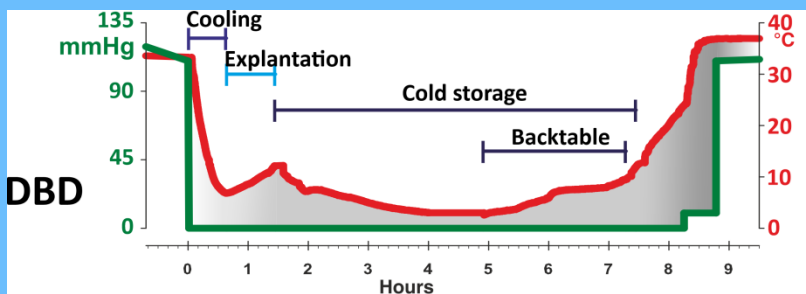


Favorable outcomes of liver transplantation from controlled circulatory death donors using normothermic regional perfusion compared to brain death donors

Aim: To compare 50 donation after circulatory death (cDCD) liver transplantations (LTs) with normothermic regional perfusion (NRP) to 100 donation after brain death (DBD) LTs,



Methods: Multicentric, retrospective, case matched study

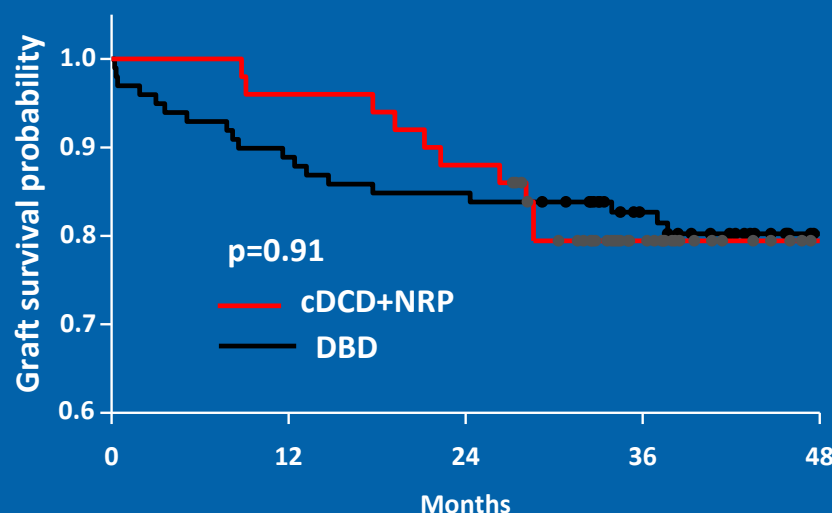
Results

Early allograft dysfunction:

cDCD + NRP: 18% vs. DBD: 32%, ($p=0.11$)

Arterial (4% vs. 12%; $p = 0.19$) and biliary

(16% vs. 17%; $p = 0.94$) complications



Conclusion

cDCD + NRP liver transplantation can be safely performed in selected recipients with similar graft and patient survival outcomes, without increased rates of biliary complications and early graft dysfunction compared to DBD LT.

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