TAILORING IMMUNOSUPPRESSIVE THERAPY AFTER LIVER TRANSPLANTATION: OUR CENTER'S EXPERIENCE

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Introduction

Liver transplantation (LT) requires immunosuppressive therapy to prevent rejection **[1]**; these drugs though are associated with many complications, and specifically calcineurin inhibitors could be responsible of renal disfunction in the postoperative period. Furthermore, population of liver recipients widened through the years, leading to enrolment of more renal disfunction predisposed patients **[2] [3]**.

Methodology

In 2020 the Italian Society for Organ and Tissue Transplantation published consensus recommendations for immunosuppressive regimens, dividing LT recipient in the following categories: standard patients (SP); critically patients (CP); patients with a specific aetiology; patients with HCC; and patients with de novo malignancies. In our centre we choose to use three categories: SP, CP and diabetic patients (DP); we choose to include patients with HCC in CP. All three protocols are based on induction with basiliximab, mycophenolate mofetil and steroid. SP and DP begin tacrolimus in D0, while CP in D3. DP differs to SP in accelerate steroid tapering.

Results

We examined 51 recipients that underwent liver transplants in our centre: 15 SP, 10 DP, 26 CP. One patient died in D1. We retrospectively collected creatinine and bilirubin respectively in D0, D3 and D10. We then calculated median values for the three groups. Results are shown in figure 1. Moreover, all patients didn't show any clinical or laboratory signs of acute rejection in the first month after LT, nor needed postoperative renal replacement therapy.

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Conclusion

Tailoring of immunosuppressive protocols for LT based on the characteristics of recipients can help improve the outcome, facilitating renal and hepatic functional recovery without however increasing the risk of rejection. Considering the values in all groups and the absence of rejection in the Critical group, we will evaluate in the future the late introduction of tacrolimus also in all protocols..

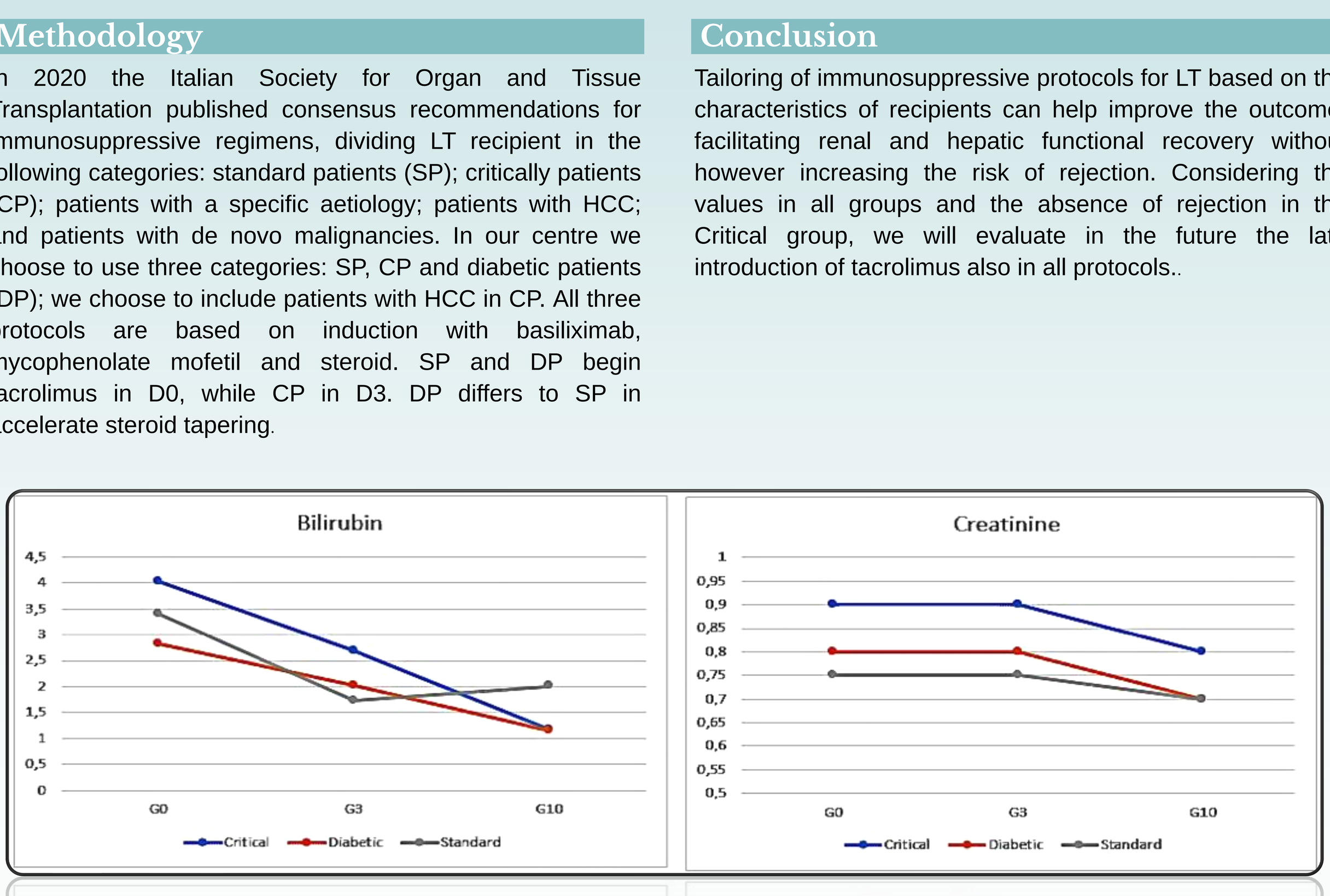

Figure 1. Median values of bilirubin and creatinine

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