Liver transplantation at Baskent University

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Background: The only potentially lifesaving intervention for acute liver failure or end-stage liver disease is liver transplant. All over the world, the common indications for liver transplant include hepatitis B, hepatitis C, alcoholic cirrhosis, and hepatocellular carcinoma. However, some more unusual liver diseases, such as liver-based metabolic abnormalities and tumor metastasis, can be treated with liver transplant. The aim of this study was to evaluate the outcomes of liver transplant at our center.

Methods: The liver transplantation program at Baskent University began in December 1988. After this transplantation the first LDLT in children in Turkey, the Middle and Near East, and Europe was performed in March 1990, the first LDLT in adult in the World was performed in April 1990, first combined liver-kidney transplantation was performed in the World in May 1992 at Baskent University. We retrospectively analyzed the results of 672 patients who underwent liver transplant from 1988 to October 2020 at our liver transplant center in Turkey.

Results: Four hundred fifty-eight of the patients were living donor LT, 214 of them were deceased donor LT. Three-hundred and eleven (46.2%) of the patients were pediatric, 361 (53.8%) of them were adult. The most common etiology for pediatric liver transplantation was biliary atresia (20%) and, hepatitis B (57%) for adult liver transplantation. In the pediatric group, 5-year survival rates of patients was 90%, and 10-year survival rates of patients was 81%, in the adult group, the 5-year survival rate was 79.3% and the 10-year survival rate was 74%.

Conclusions: In our center, we perform living-donor liver transplants more than deceased-donor liver transplant because of the paucity of organ donation. Considering acceptable postoperative complications, liver transplant is a lifesaving treatment for liver failure. Careful evaluation of recipients before transplant plays a critical step in curative treatment.

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