20W124

PBC recurrence post Liver Transplantation

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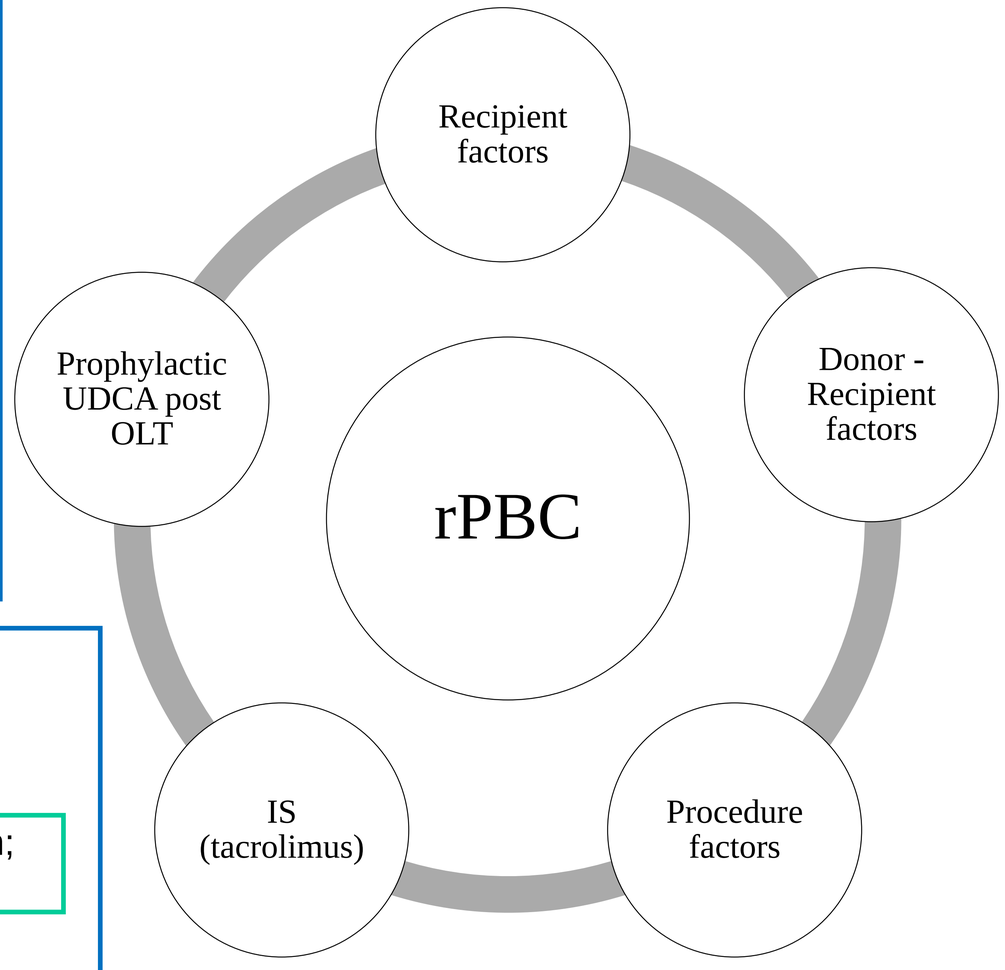
Introduction: Primary Biliary Cholangitis (PBC) accounts for 4% of total indications for liver transplantation (LT) in Europe. It has 85% survival after 5years. Previous studies showed that between 17% and up to 46% will develop recurrence of PBC (rPBC) in the graft, depending on whether the centres performed protocolled liver biopsies after LT and on the length of follow-up. rPBC has a late onset and it is a histology proven diagnosis, as AMA persists after LT and cholestatic liver test can be secondary to other ethiologies. *Montano-Loza et al*. in 2019 were the first group to demonstrate that rPBC has also an impact on survival.

Aim: To assess the incidence of rPBC in the SVUH Liver Unit and long-term outcomes in relation to graft loss, retransplantation and death and the risk factors associated with rPBC.

Methods: Retrospective review of all LT performed for PBC from 01 January 2000 until 31 December 2015. SPSS analysis

Risk factors associated with rPBC

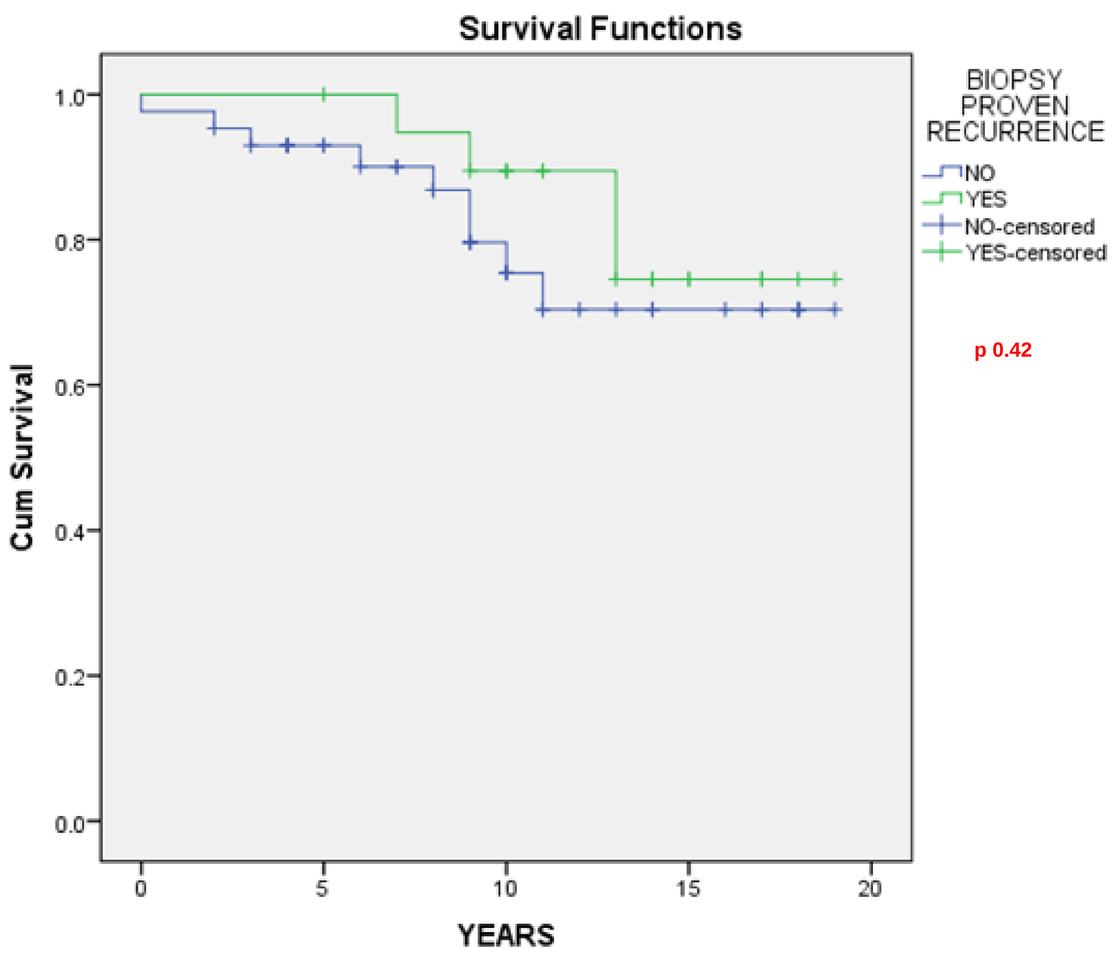


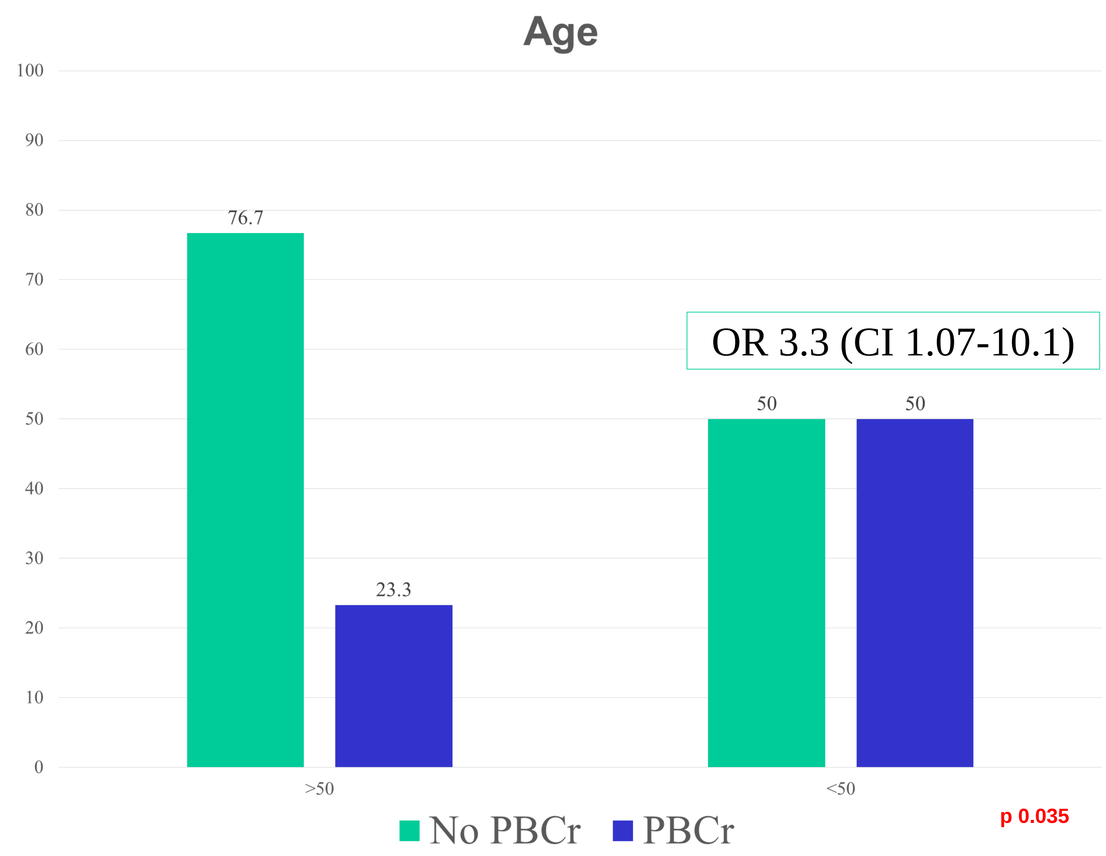
Results:

7.9% (63/801) patients were transplanted for PBC during the study period
85% Women, mean age 54 years (std. 9,7; 37-67), MELD 17.3 (std. 6.3; 6-32)
Mean follow-up 4.027 days (3-7.019)

65% Decompensated liver disease, 20% Itch; 5% HCC, 10% Jaundice

90.2% (n:55) Tacrolimus based IS (+ 21.3% AZA / + 63.9% MMF)
31.7% (n:20) patients biopsy proven rPBC; 5.5 years post LT (321-4.079 days)
20.6% (n: 13) UDCA trial due to suspicious rPBC





Conclusions:

- Higher number of LT due to PBC in respect to previous European studies
- Age <50 years old at the time of LT was the only risk factor associated with rPBC, OR 3.3 (p 0.035)
- rPBC did not have an impact on survival, probably due to small cohort
- Limitations due to small retrospective review, low use of cyclosporine and 20.6% (n:13) UDCA trial without performing liver biopsy