CRITÈRES DE SÉLECTION DES GREFFONS PÉDIATRIQUES

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JOURNÉE MULTIDISCIPLINAIRE D'HÉPATOLOGIE ET DE TRANSPLANTATION HÉPATIQUE
2 DÉCEMBRE 2021

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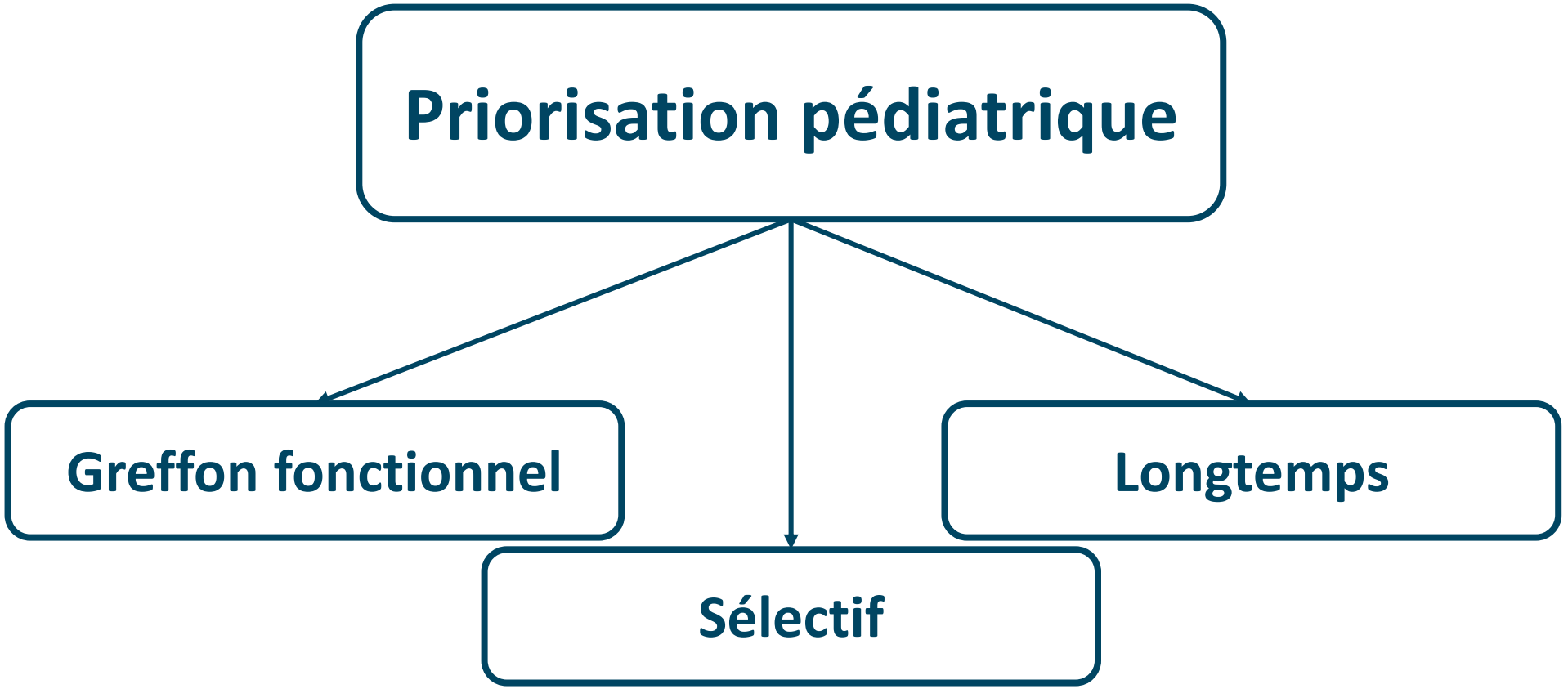
PROBLEME DE RICHE ?



DONNEUR

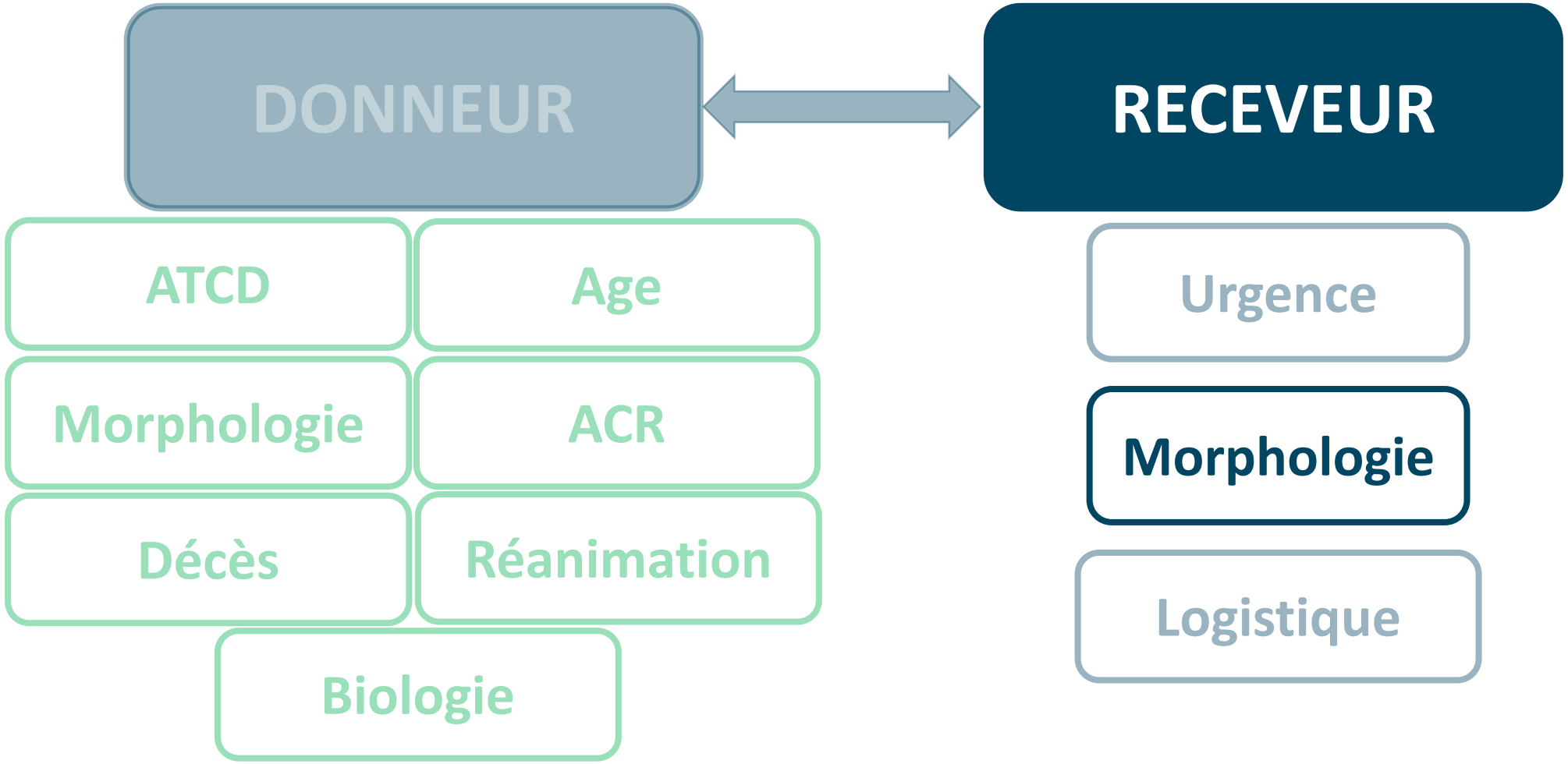
SELECTION ⟷ REFUS

- ATCD
- ACR
- Age
- Décès
- Biologie
- Morphologie
- Réanimation

DONNEUR ⟷ **RECEVEUR**

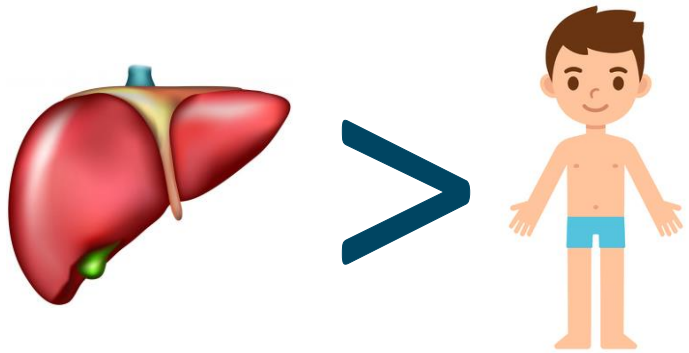
- ATCD
- Age
- Morphologie
- ACR
- Décès
- Réanimation
- Biologie

- Urgence
- Morphologie
- Logistique


DONNEUR
RECEVEUR
ATCD
Age
Morphologie
ACR
Décès
Réanimation
Biologie
Urgence
Morphologie
Logistique

LARGE FOR SIZE

ENTITE PEDIATRIQUE



GWR > 4%

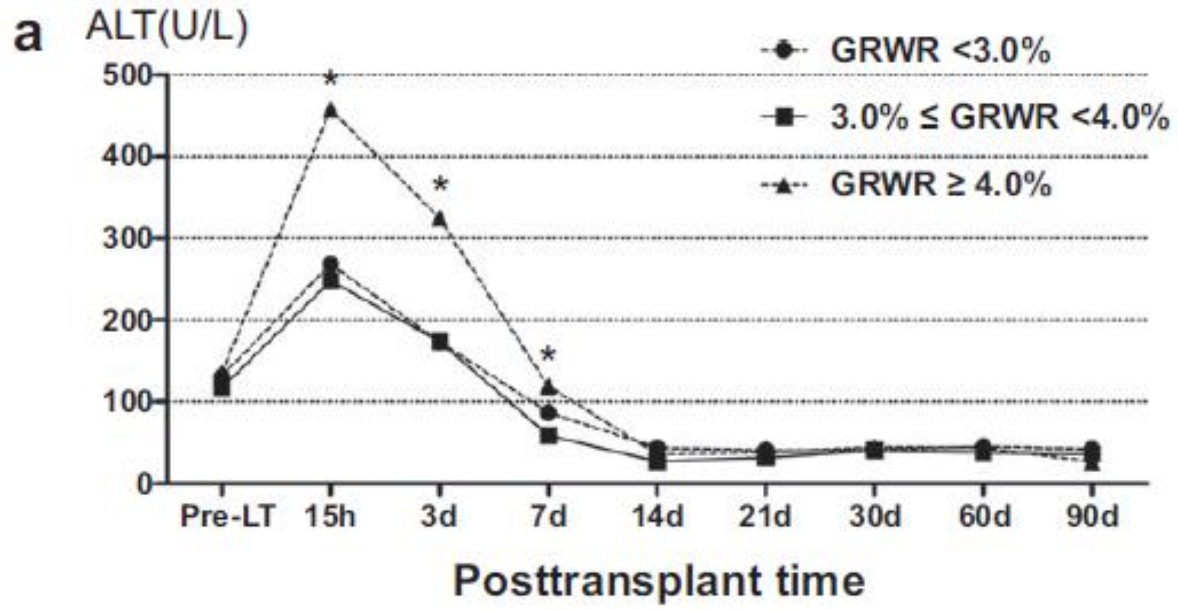


Table 4. Postoperative complications of recipients according to GRWR (*n*, %)

Variables	GRWR			*P*-values
	<2%(25)	≥ 2%,<4% (204)	≥ 4%(23)	
Hepaticartery Stenosis/thrombosis	0(0%)	1(0.49%)	4(17.40%)	0.001

Erzoy et al. Exp. Clin. Transplant, 2017
Wan et al. Ped. Transplant, 2015

FOIE ENTIER

FOIE PARTIEL

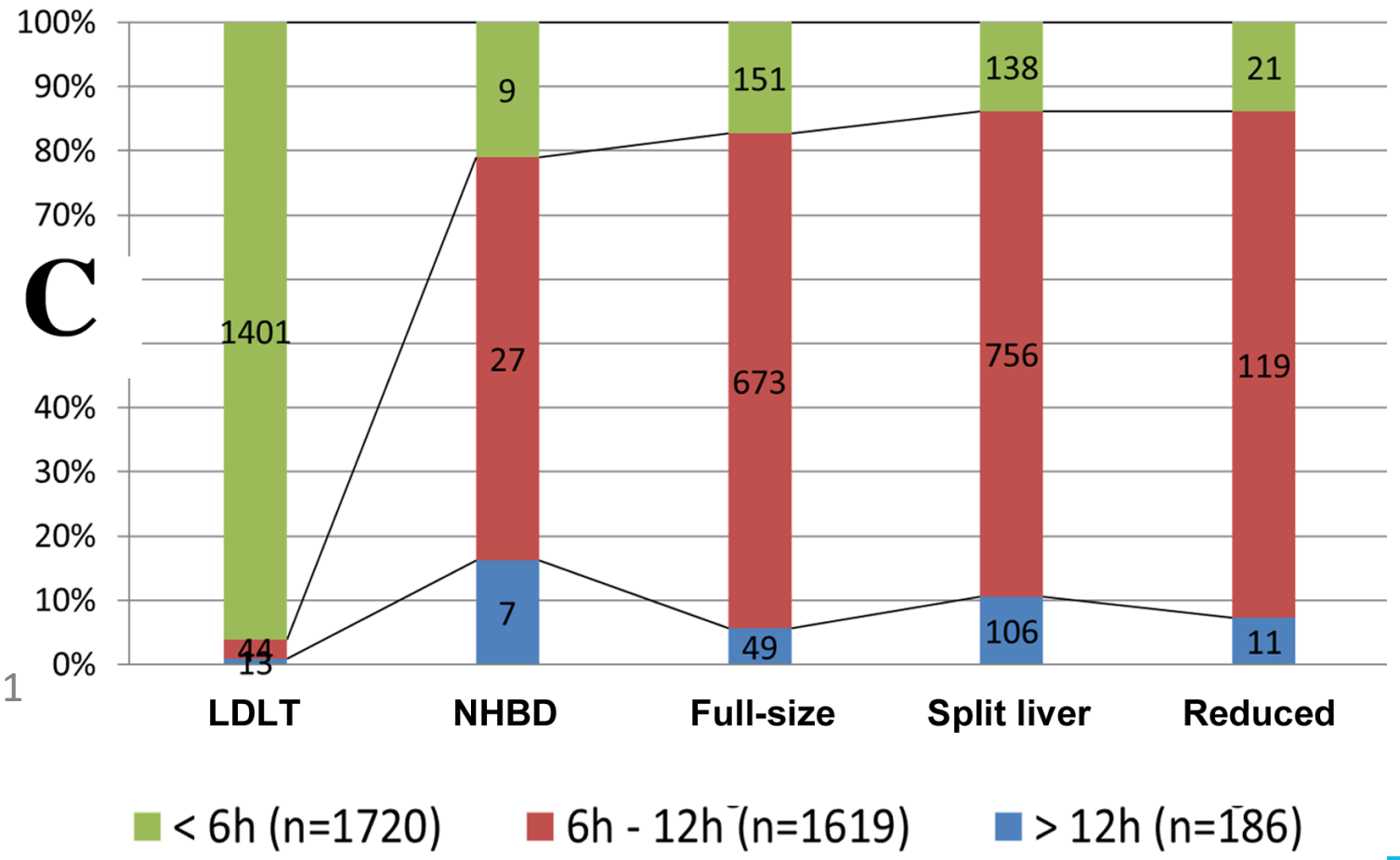
Age at Transplant (years)	*< 12 yrs*	*12 - 17 yrs*	*p*
Type of graft			
Full-size liver	35%	**76%**	<0.0001
Reduced Liver	**9%**	4%	
Split liver graft	**29%**	11%	
Living Donor liver graft	**27%**	9%	

De ville de Goyet et al. Hepatology, 2021

FOIE PARTIEL

Ischémie froide

Survie



De ville de Goyet et al. Hepatology, 2021
Angelico et al. Transplant. Int. 2018

FOIE PARTIEL

Ischémie f

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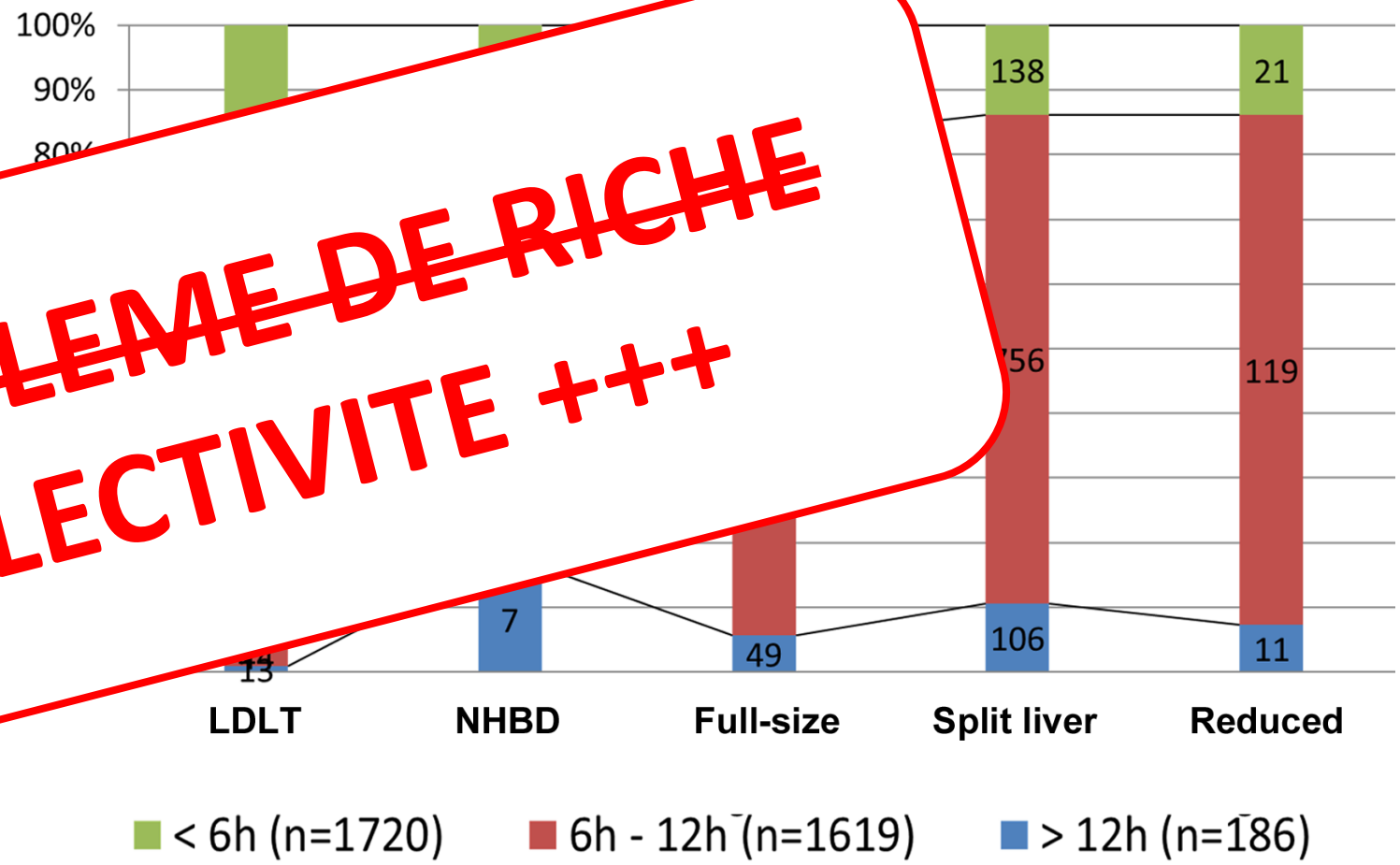
~~PROBLEME DE RICHE~~
~~SELECTIVITE +++~~



De ville de Goyet e
Angelico et al. Tr
2018

COMMENT ?

SELECTION

- ATCD
- Age
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RECEVEUR

- Urgence
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PAS DE CONSENSUS

Program	Rate of SLT	Donor age	Weight/BMI	Transaminases	Other criteria
UNOS	1%-4% (but according to UNOS criteria > 10% eligible)	< 40	< 28 kg/m^2	< 3 × ULN	Single vasopressor
ET	6%	< 50	> 50 kg		
United Kingdom	10.6%	< 40	> 50 kg		< 5 d ICU
Argentina/Brazil	10%	< 47	umbilical perimeter < 92 cm	AST < 42 U/L ALT < 29 U/L	
Oceania	6%				
Scandia-transplant	?	< 51	< 26 kg/m^2	ALT/AST < 3 × normal	< 4 d ICU
Saudi-Arabia	5.6%				
South Africa	3%				
Japan	1.8%				
Italy	8% (Northern Italy: 20%)	< 60		Near-normal liver function tests	< 5 d ICU Low inotropic support

Hacki et al. W. J. Gastro. 2018

HCL
HOSPICES CIVILS DE LYON

PEDIATRIE

- Age
- ATCD
- Décès

50 ans – Bipartition

60 ans - Attention

Tabac (30-40PA)

Ethylisme Chronique ou Aigue

Toxicomanie

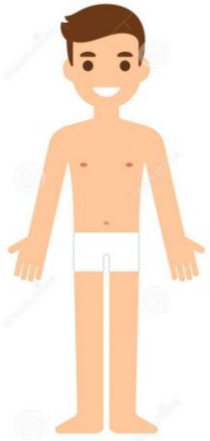
Décès=Qualité du donneur

Angelico et al. Transplant. Int. 2018

- Hypoxie
- ACR
- Vasculaire
- HTA
- Tabac
- Vx

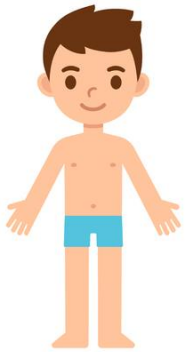
PEDIATRIE

Morphologie



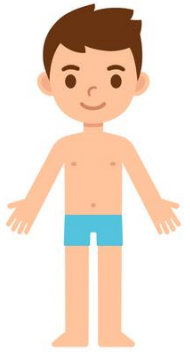
50kg ?

BMI 25-28 ?



D+R>20kg ?

D/R 0,5

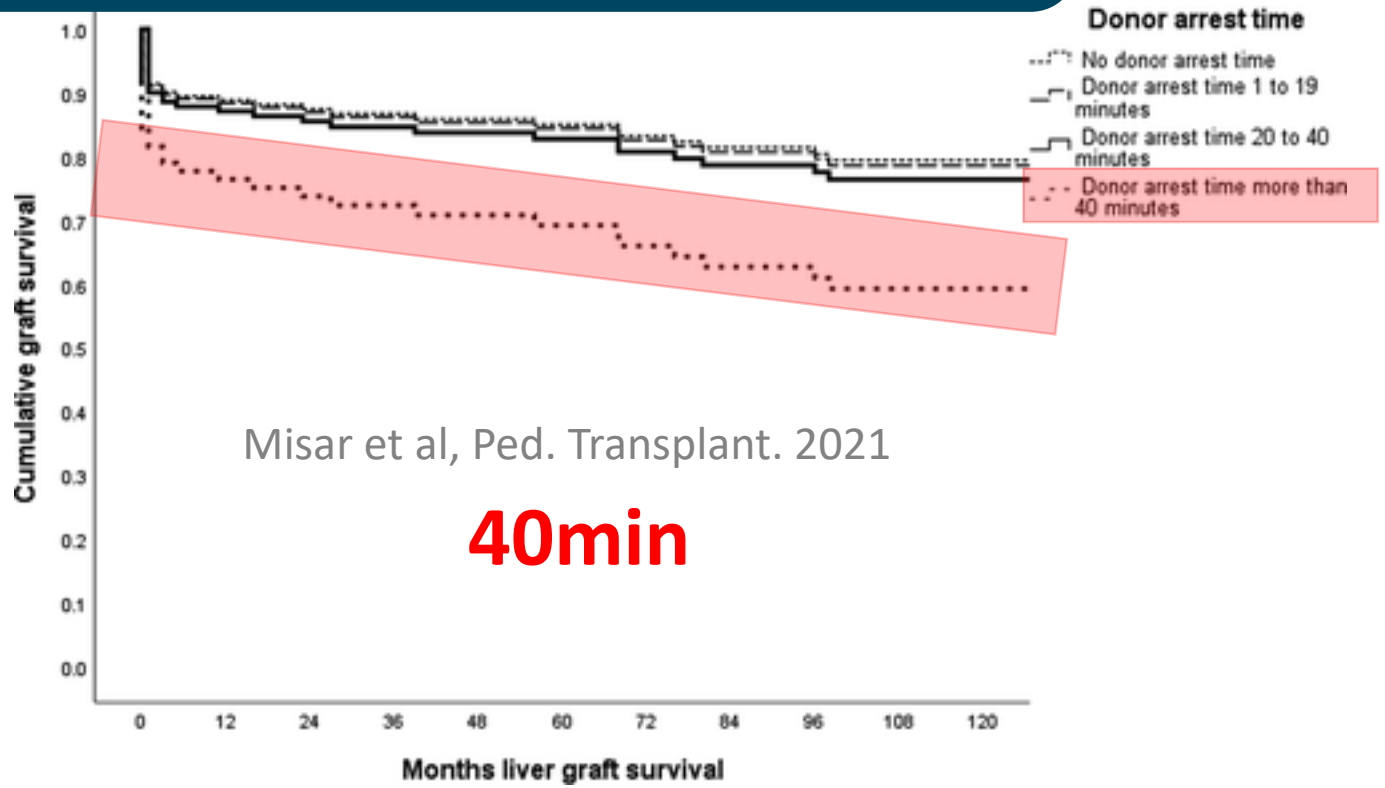


PEDIATRIE

ACR

LOW flow ou NO Flow

60 min **15min**



Misar et al, Ped. Transplant. 2021

40min

Réanimation

ICU>5jrs

Complications biliaires

Mortalité patient

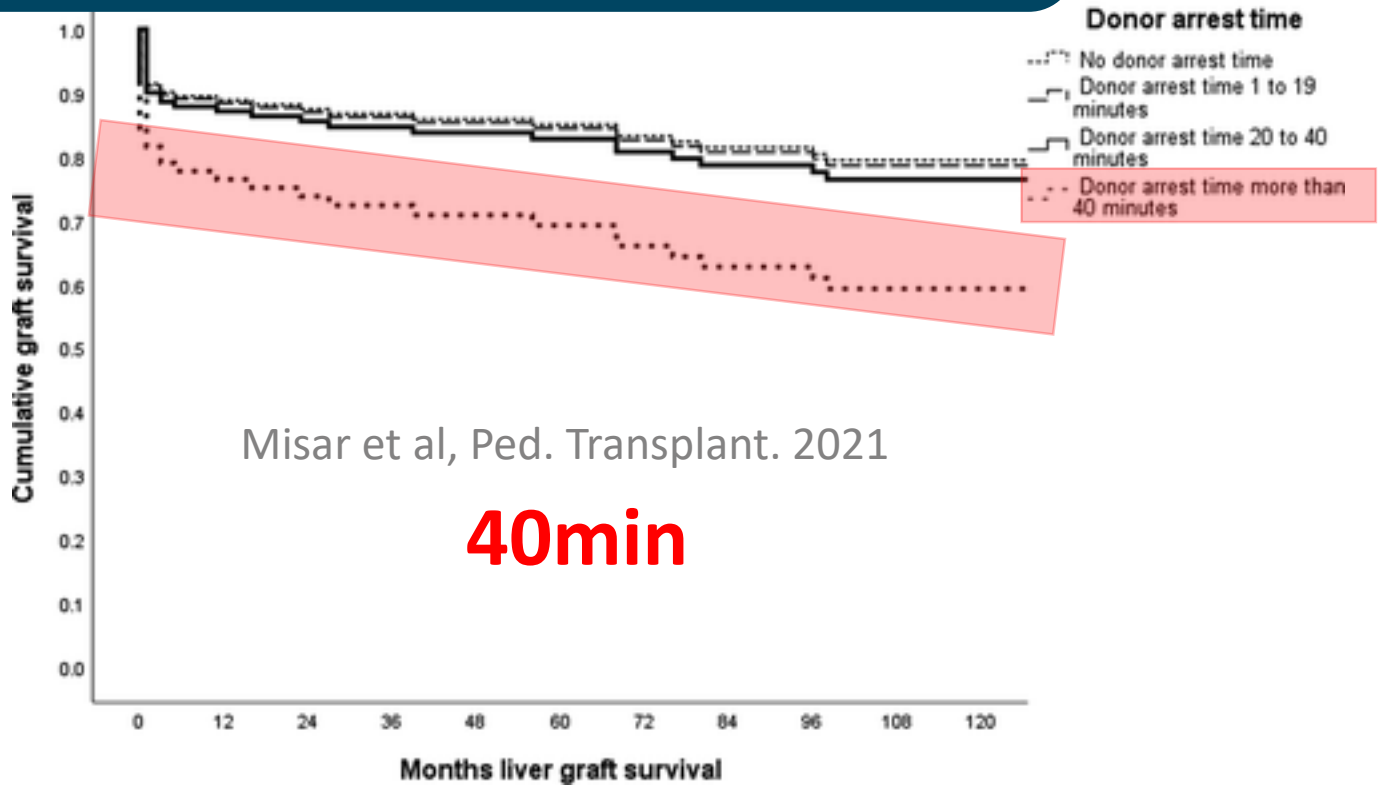
Misar et al, Ped. Transplant. 2021

PEDIATRIE

ACR

LOW flow ou NO Flow

60 min **15min**



Misar et al, Ped. Transplant. 2021

40min

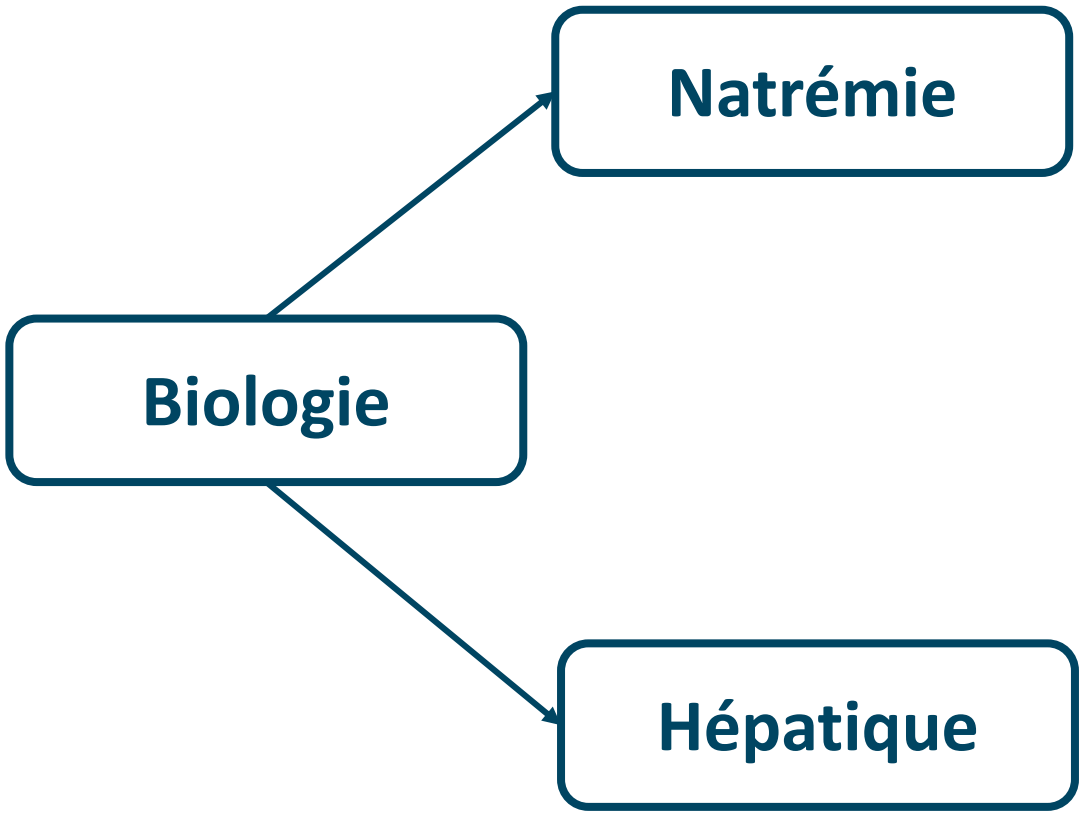
Réanimation

Amines oui/non

Nombres

NAdré vs Adré

PEDIATRIE



150
150-170
>170

Stabilité du Donneur

Kaseje et al, Eur J Pediatr Surg. 2012

Importance de la cinétique

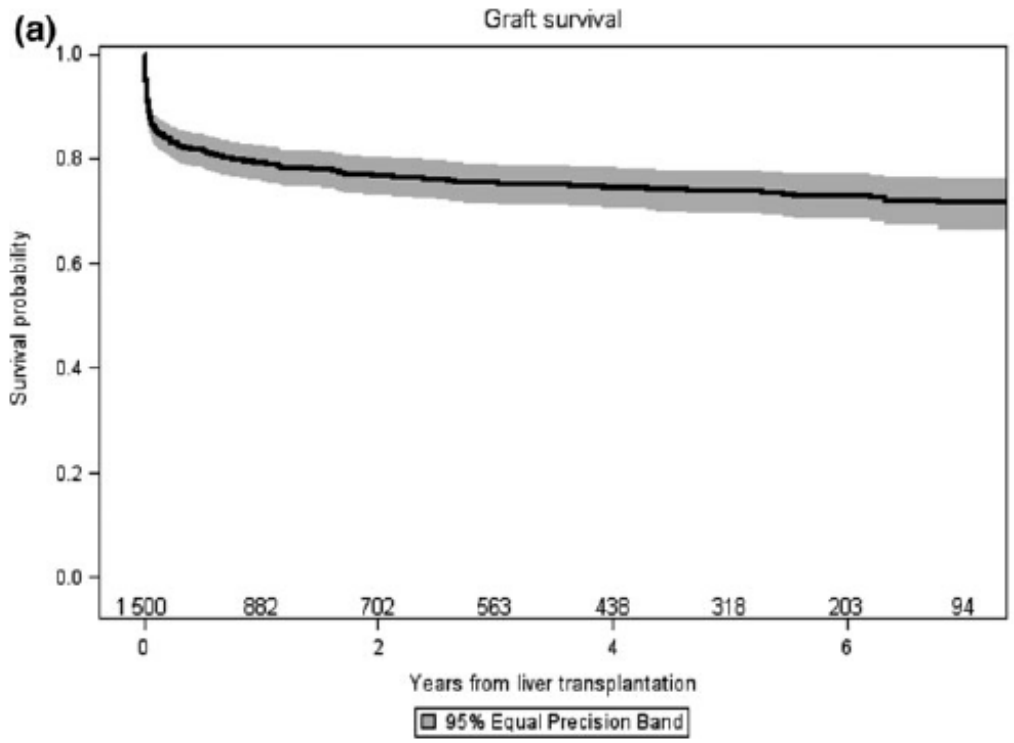
BONS GREFFONS

Age		20 [18-27]
BMI		22,4 [19,2-23,4]
COD	Trauma	9 (45)
	Hypoxic Brain Injury	6 (30)
	Cerebrovascular	5 (25)
Cardiac Arrest		6 (30)
Ionotropes		14 (70)
ICU stay		3 [2-4]
Na (mmol/l)		146 [140-149]
AST peak (UI/l)		65 [54-133]
ALT peak (UI/L)		34 [21-47]
Lactate peak (mmol/L)		3,4 [2,2-5,4]

HCL
HOSPICES CIVILS DE LYON

BONS RESULTATS

Recipient age	Type	N	Graft survival	
			1 year	5 years
Less 1 yr	Split	423	80%	74%
	Living	818	87%	80%
1-6 yrs	Split	706	88%	83%
	Living	772	87%	81%
6-12 yrs	Split	235	86%	77%
	Living	227	82%	76%
12-18 yrs	Split	114	83%	78%



De ville de Goyet et al. Hepatology, 2021
Angelico et al. Transplant. Int. 2018

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HCL
HOSPICES CIVILS DE LYON

ON LE PREND ?

15 ans - 160cm - 76kg

Mort cérébrale sur HTIC (craniopharyngiome)

3 jours REA

ACR 40min (Adré et CEE) - 1 amine

Natrémie normale

ASAT à 1088 puis 650

Lactates 25,2 puis 7

SPLIT

PLUS DE GREFFES ?

2 ans

242 greffons

VS

26 greffes

10%

?

MAUVAIS GREFFON

SELECTIF

PLUS DE GREFFES ?

Morphologie	20%
AGE	4%
ATCD-BIO	43%
Mauvais	25%

REFUS

PLUS DE GREFFES ?

Morphologie	20%
AGE	4%
ATCD-BIO	**43%**
Mauvais	**25%**

129 Greffés

PLUS DE GREFFES ?

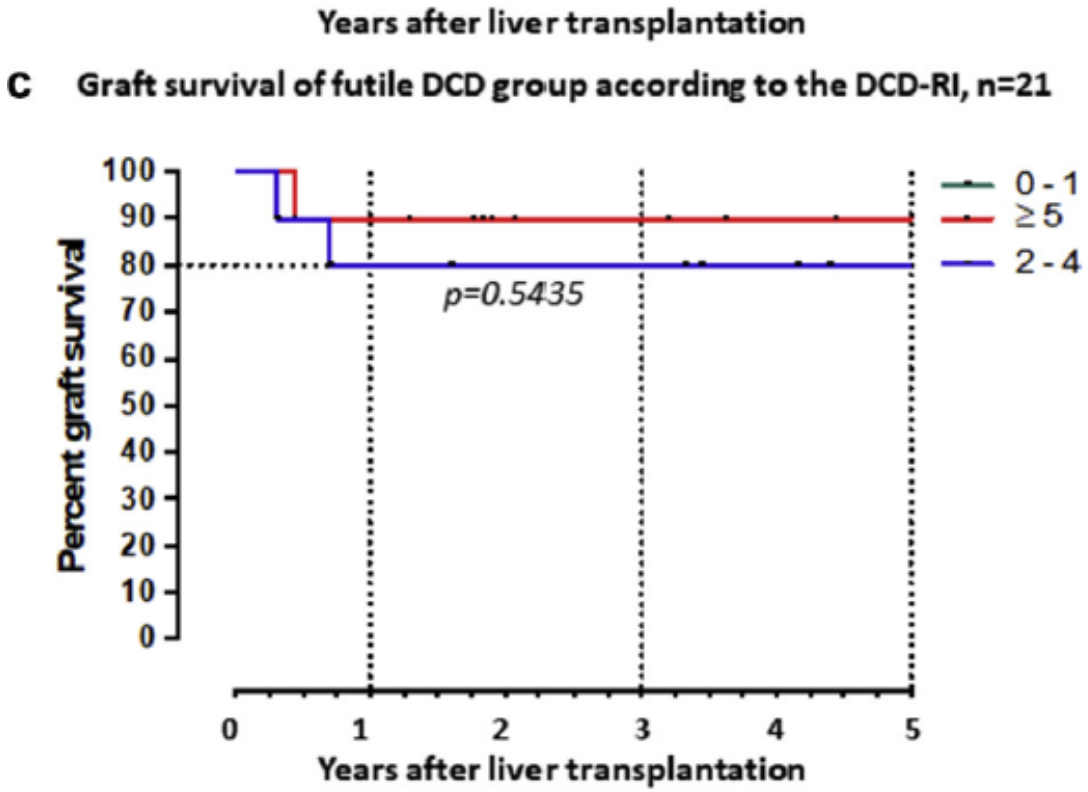
MACHINE PERFUSION

Can hypothermic oxygenated perfusion (HOPE) rescue futile DCD liver grafts?

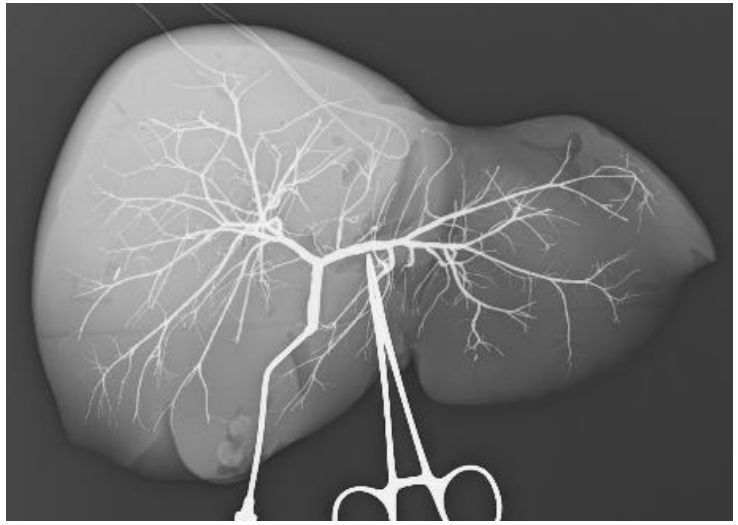
ORIGINAL ARTICLE

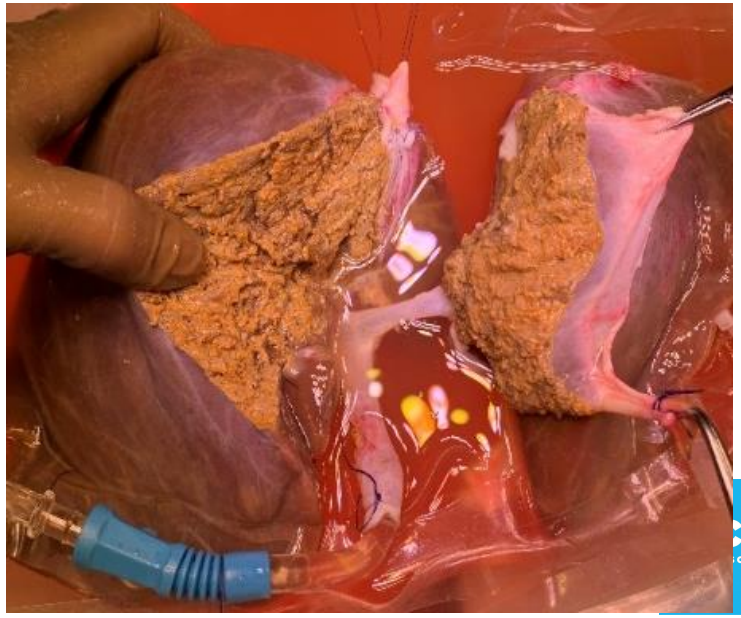
Hypothermic Machine Perfusion in Liver Transplantation — A Randomized Trial

R. van Rijn, I.J. Schurink, Y. de Vries, A.P. van den Berg, M. Cortes Cerisuelo, S. Darwish Murad, J.I. Erdmann, N. Gilbo, R.J. de Haas, N. Heaton, B. van Hoek, V.A.L. Huurman, I. Jochmans, O.B. van Leeuwen, V.E. de Meijer, D. Monbaliu, W.G. Polak, J.J.G. Slangen, R.I. Troisi, A. Vanlander, J. de Jonge, and R.J. Porte, for the DHOPE-DCD Trial Investigators*



HOPE + SPLIT



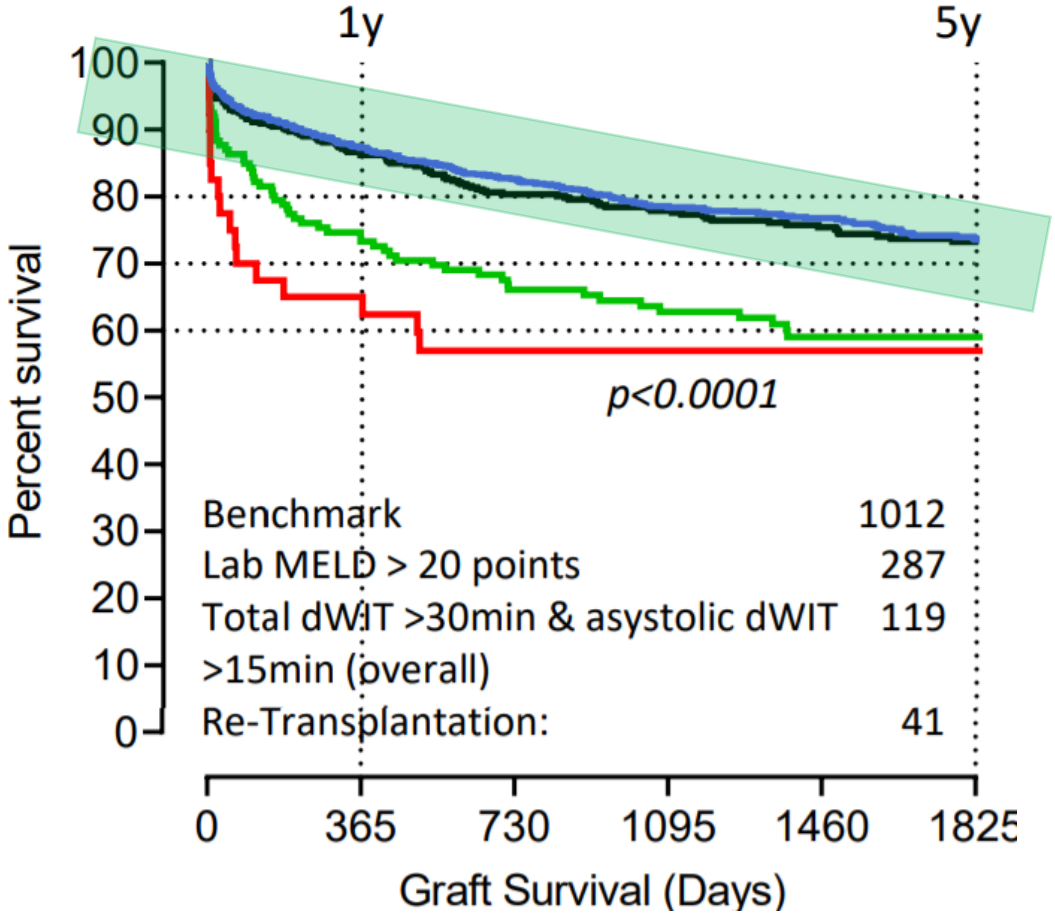


Letter to the Editor

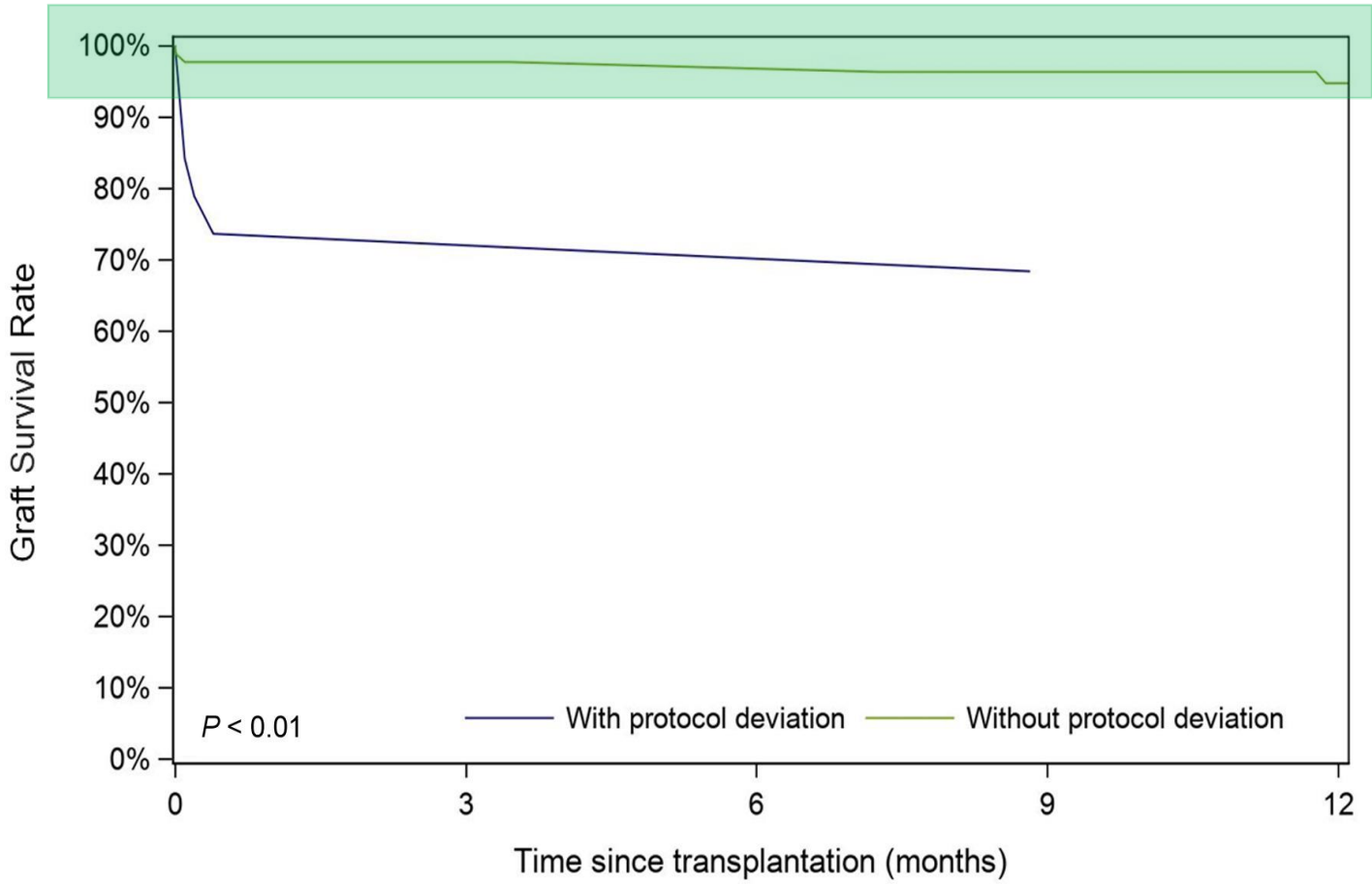
Ex Vivo Liver Splitting and Hypothermic Oxygenated Machine Perfusion: Technical Refinements of a Promising Preservation Strategy in Split Liver Transplantation

Jean-Yves Mabrut, MD, PhD,[1,2] Mickaël Lesurtel, MD, PhD,[1,2] Xavier Muller, MD,[1,2] Rémi Dubois, MD,[3] Christian Ducerf, MD, PhD,[1] Guillaume Rossignol, MD,[2,3] and Kayvan Mohkam, MD, PhD[1,2,3]

DONNEUR MAASTRICHT III

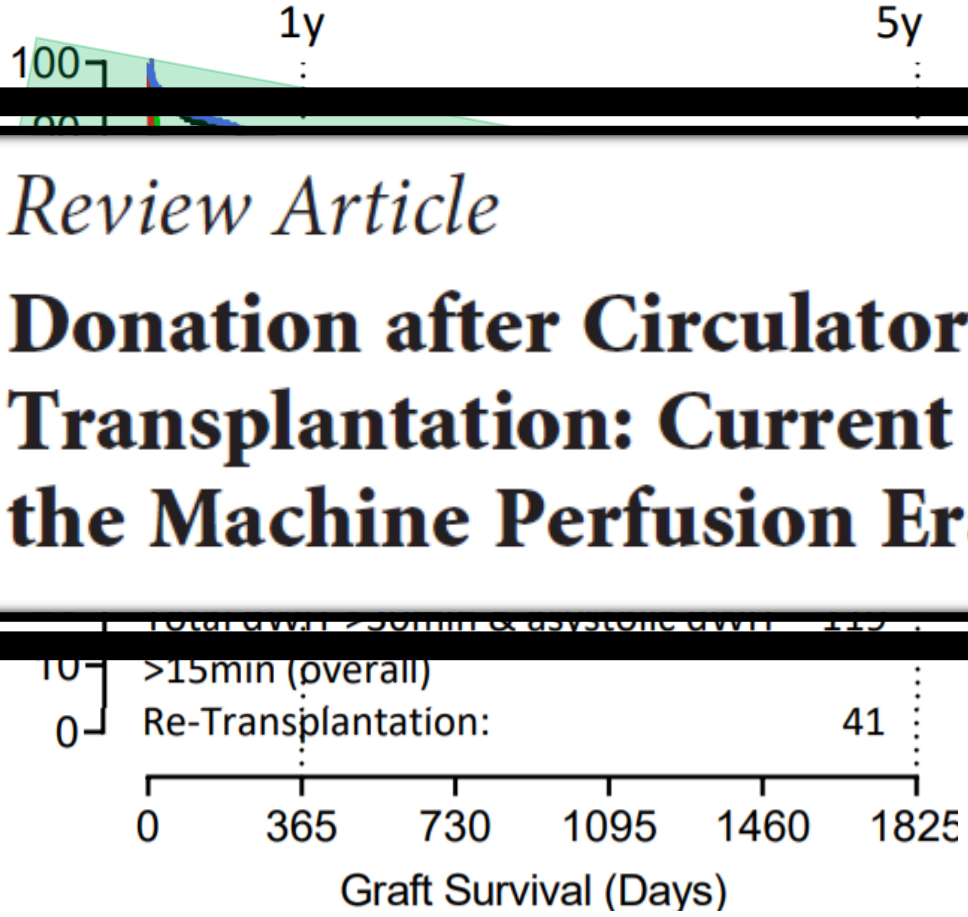


Schlegel et al, JHEP 2021



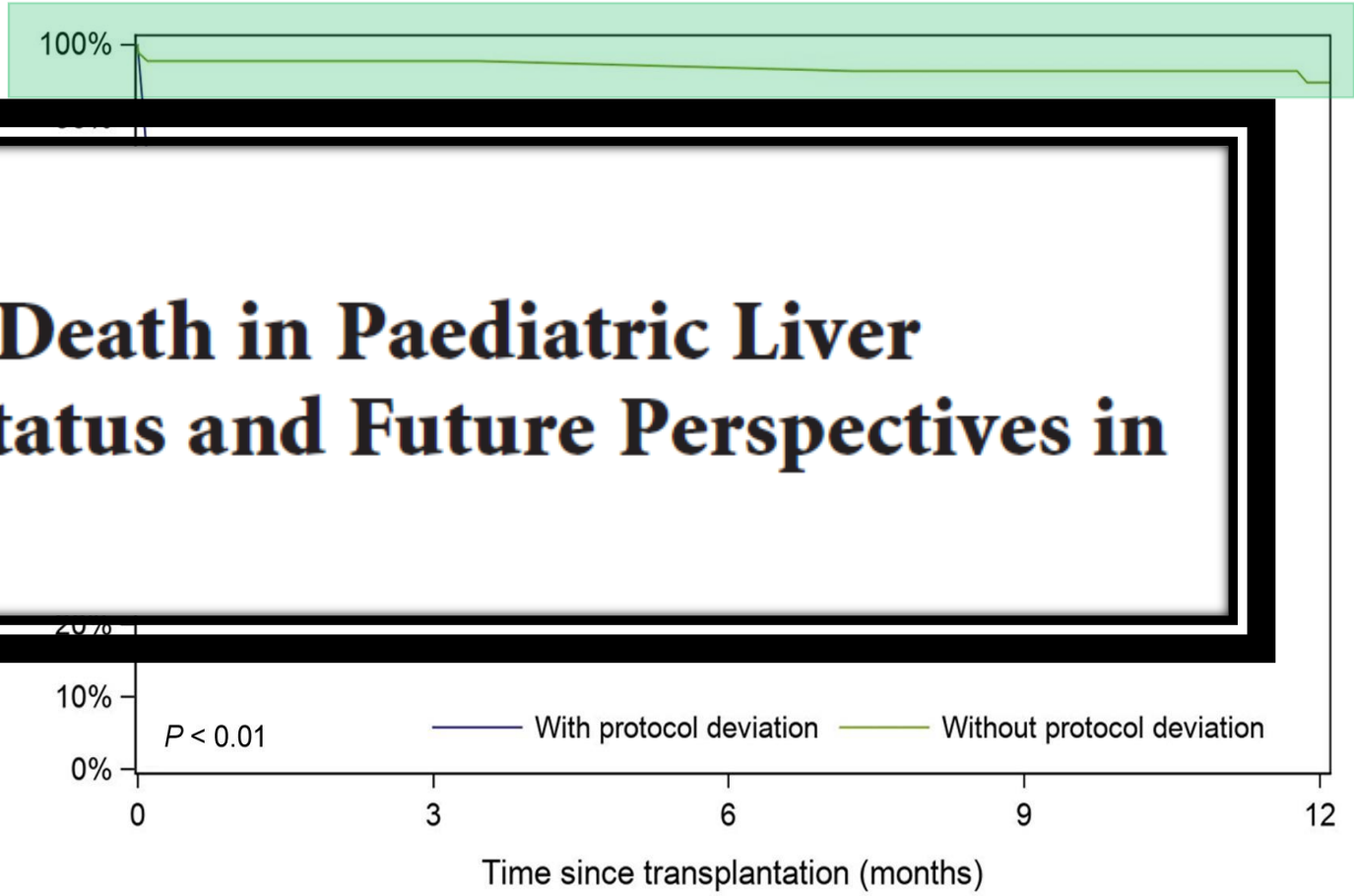
Antoine et al, Liver Transplant. 2020

DONNEUR MAASTRICHT III



Review Article

Donation after Circulatory Death in Paediatric Liver Transplantation: Current Status and Future Perspectives in the Machine Perfusion Era



Schlegel et al, JHEP 2021

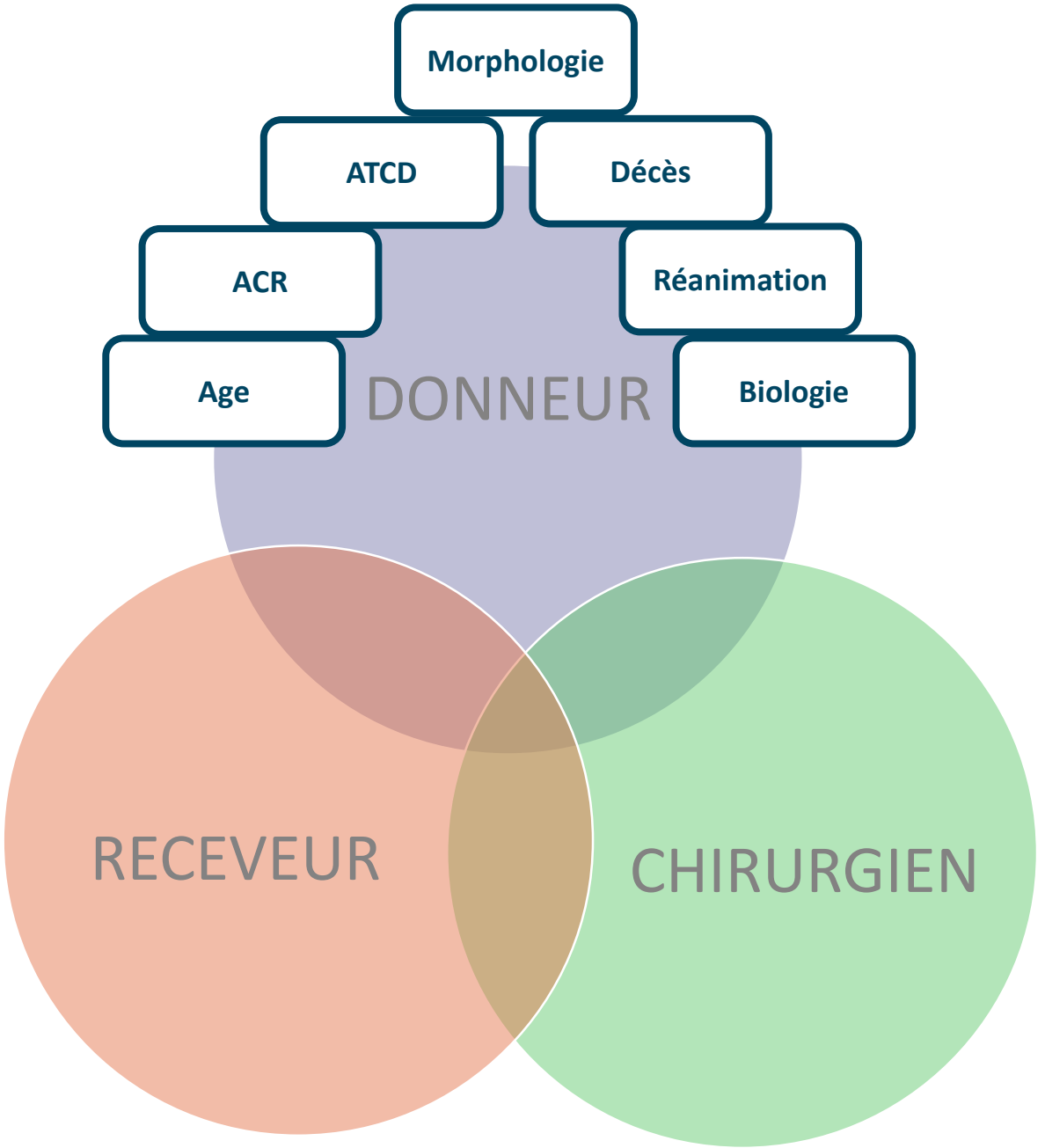
Antoine et al, Liver Transplant. 2020

BON GREFFON

PEDIATRIE

FOIE PARTIEL

BONS RESULTATS



NOUVEAUX CRITERES

NOUVEAUX OUTILS

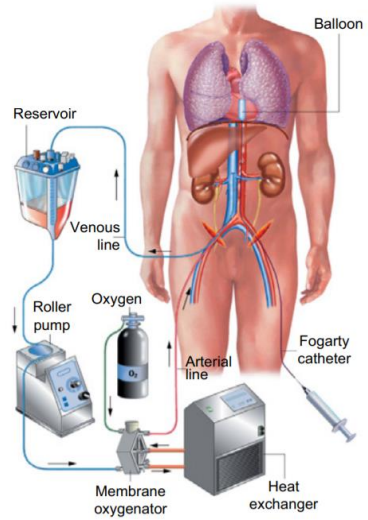
NOUVEAUX DONNEURS

BON GREFFON

PEDIATRIE

FOIE PARTIEL

BONS RESULTATS



BON GREFFON

CRITERES ELARGIS

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NOUVEAUX CRITERES

NOUVEAUX OU

AUX DONNEURS

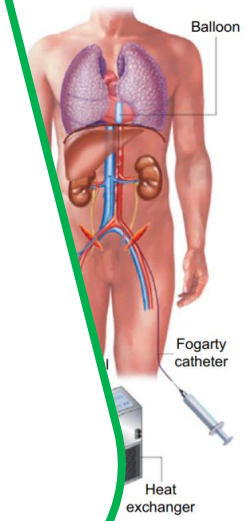
BON GREFFON

PEDIA

FOIE PA

BONS RESUL

CRITERES ELARGIS



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AUGMENTER LE NOMBRE DE GREFFES

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CRITÈRES DE SÉLECTION DES GREFFONS PÉDIATRIQUES

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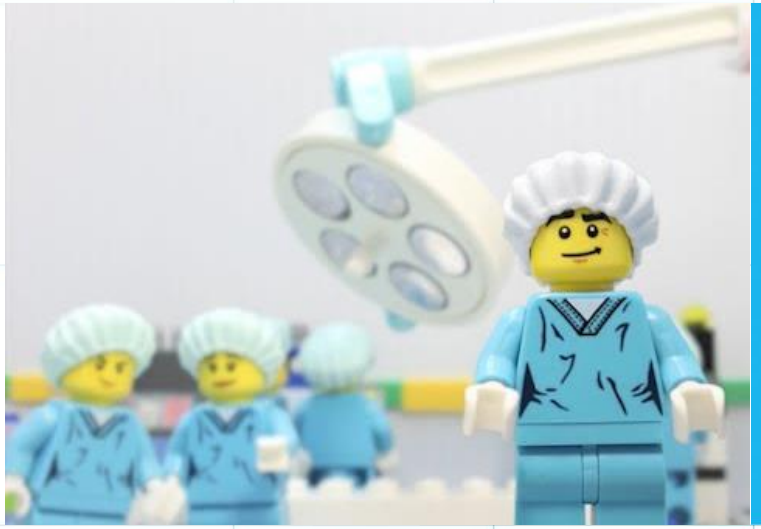

HCL

HOSPICES CIVILS DE LYON