

PSC: Post-transplant Issues

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Outline

- ***Case Presentation***
- ***Survival***
- ***Management***
- ***Conclusions***

Case #1

- ***64 yo WF, hx PSC***
- ***Liver transplantation October 1990***
- ***Doing great, liver numbers normal***
- ***December 2002, abdominal pain, diarrhea***
- ***Colonoscopy***

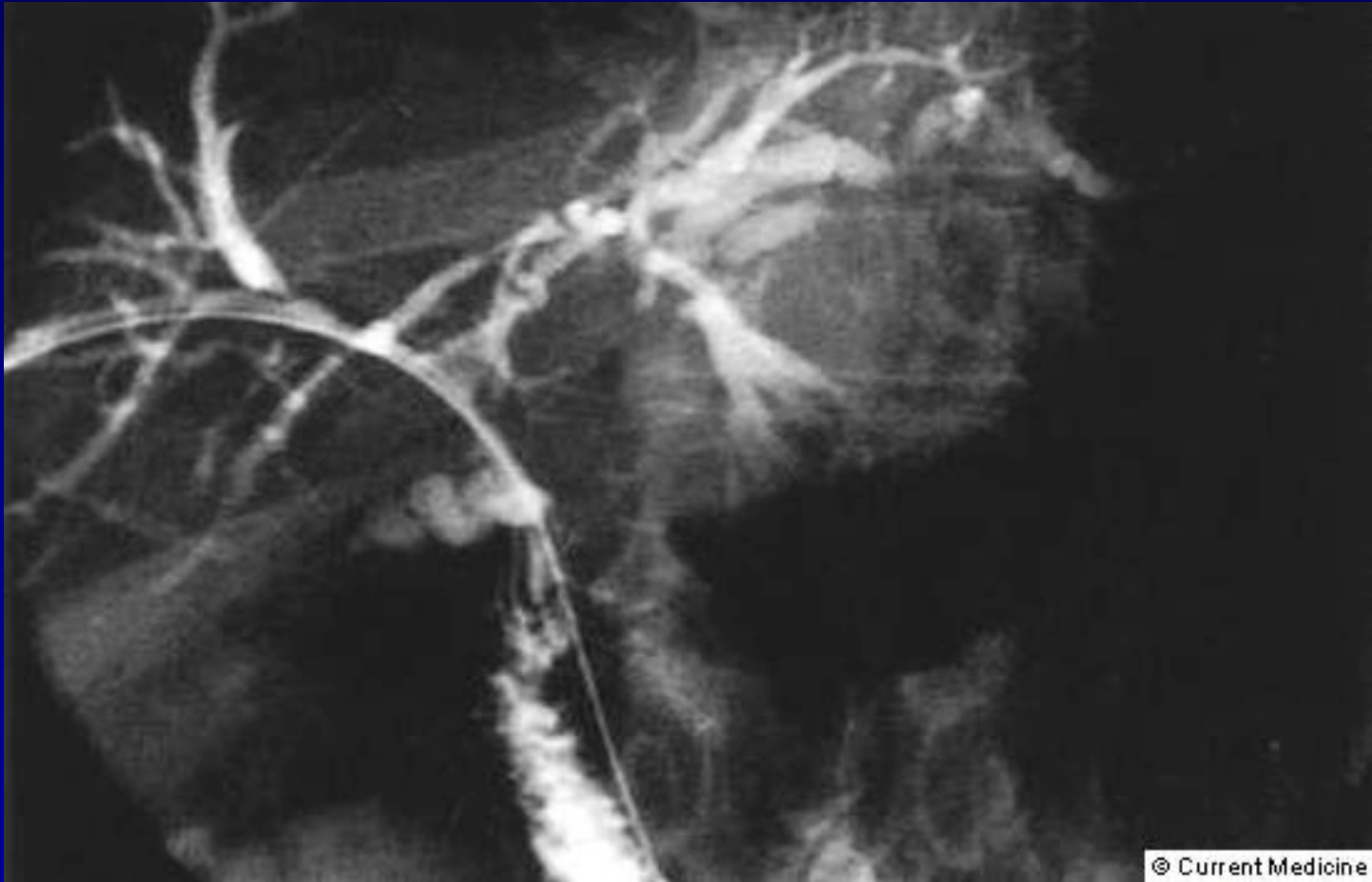
Ulcerative Colitis



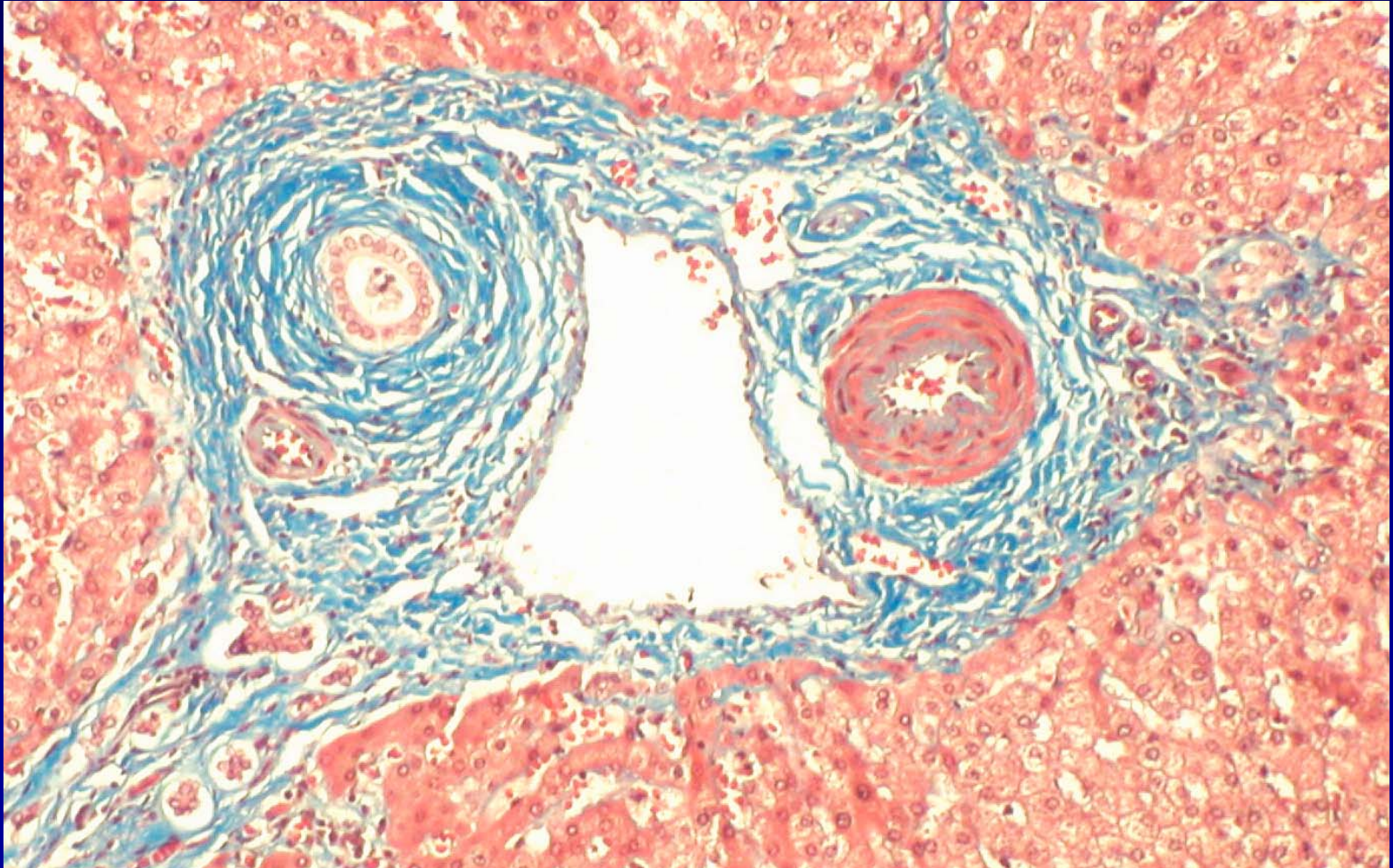
Case #2

- ***56 yo BM, hx PSC and UC***
- ***History of colectomy***
- ***Liver transplantation November 1997***
- ***April 2000: abnormal liver numbers***

Cholangiogram



Liver Biopsy



Case #2 continued

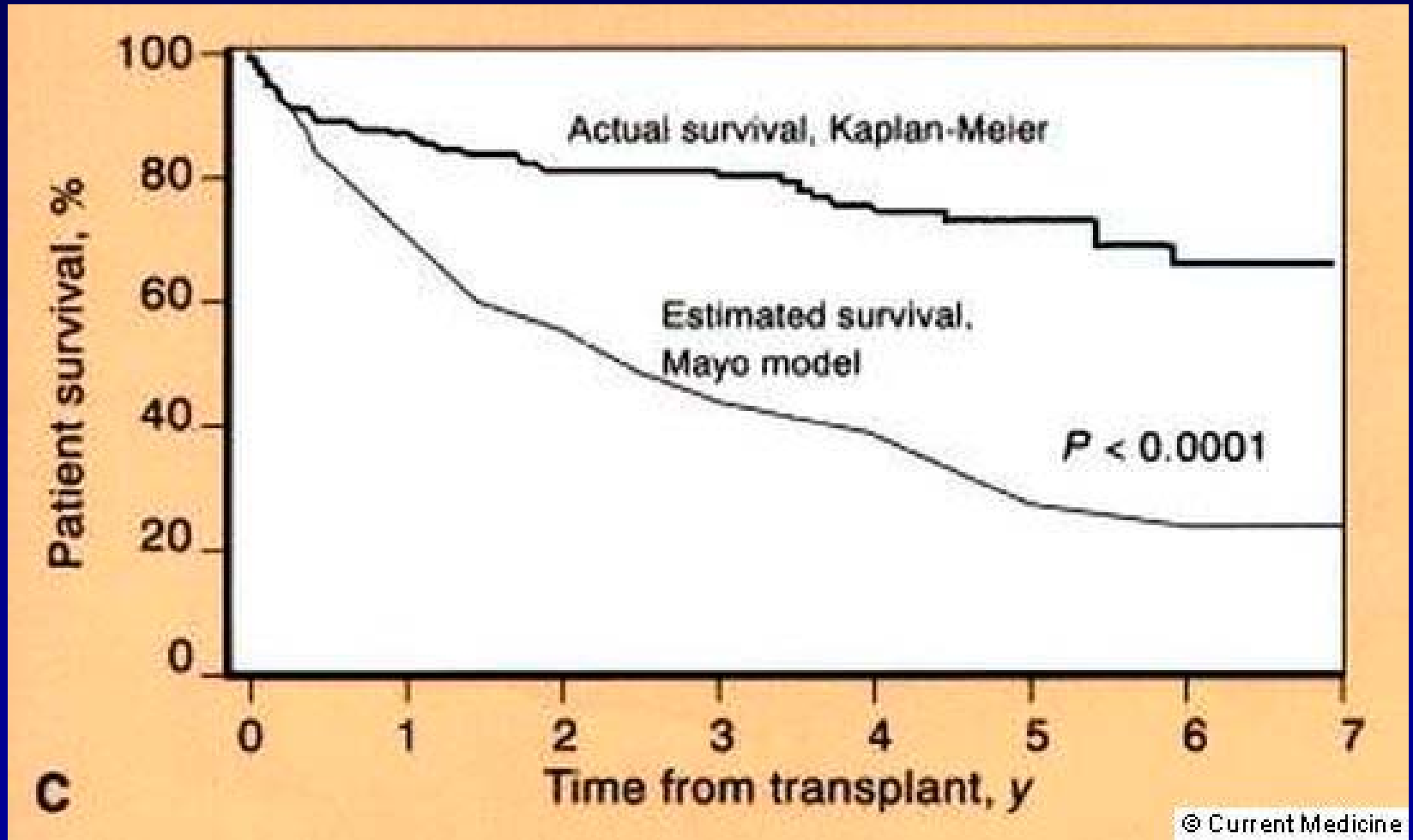
- ***February 2003 admitted with jaundice and cholangitis, listed for retransplantation***
- ***March 2003-August 2004: multiple admissions for cholangitis, weight loss***
- ***September 2004: Retransplantation***

Case #3

- ***45 yo WM, history PSC and Crohn's disease***
- ***Liver transplantation April 1998***
- ***Doing well 7 years later***
- ***Normal liver numbers***
- ***No Crohn's flares***

Survival

Survival Post-transplant



Weisner et al *Hepatology* 1992;16:1290

Pt Survival: Cholestaic vs Non-Cholestatic

<i>1 yr</i>	<i>91.2% vs 85.9%</i>
<i>3 yr</i>	<i>84.4% vs 76.7%</i>
<i>5 yr</i>	<i>80.3% vs 69.8%</i>

OPTN Data, March 20, 2005

Graft Survival: Cholestatic vs Non-cholestatic

<i>1 yr</i>	<i>83.9% vs 81.0%</i>
<i>3 yr</i>	<i>76.8% vs 70.4%</i>
<i>5 yr</i>	<i>72.0% vs 62.6%</i>

OPTN data, March 20, 2005

Recurrent PSC

Recurrent PSC

- ***Controversial***
- ***No findings specific for PSC***
- ***Biliary strictures can occur for a variety of other reasons***

Recurrent PSC

- ***~5-20%***
- ***Abnl LFTs, cholangitis***
- ***Interval to diagnosis at least 1 year after Tx***
- ***Majority do well***

Recurrent PSC

- ***?Risk factors***
- ***Recurrent PSC does not influence patient or graft survival***

Management

Diagnostic Testing

- ***LFT monitoring***
- ***Liver Biopsy***
- ***Ultrasound***
- ***CT abdomen***
- ***Percutaneous Transhepatic Cholangiography***



PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY



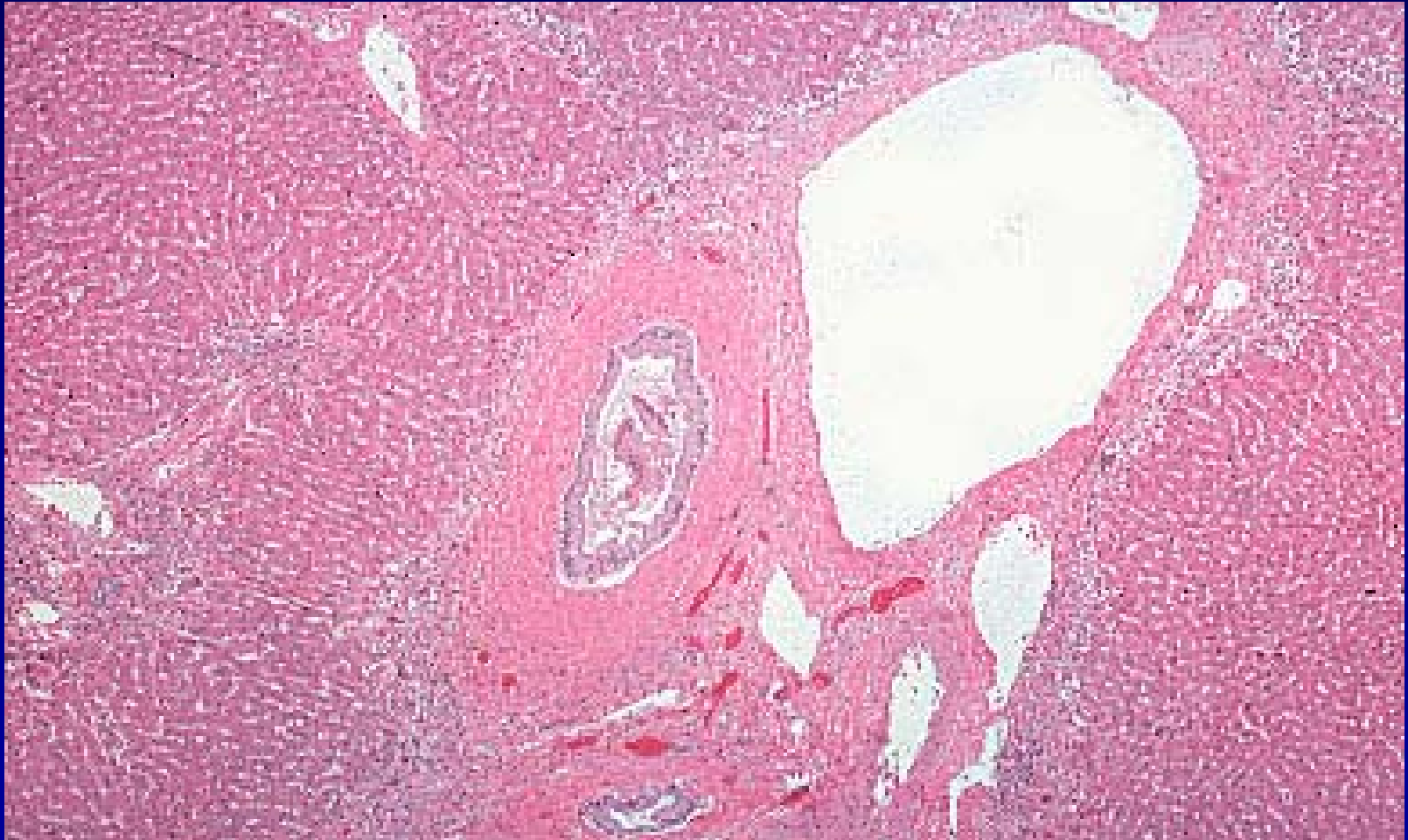
ADVANTAGES

- Direct visualization of bile ducts
- Proximal extent of obstruction/lesion
- Therapeutic options: stenting
 stricture dilatation
- Less operator dependent than ERCP

LIMITATIONS

- Pancreatic duct not seen
- Biliary-venous connection
- Complications: sepsis
bile leak
- Success related to duct size

Liver Biopsy



Management

- ***Cholangitis: Antibiotics***
- ***Recurrent PSC: Actigall***
- ***Biliary drains***

Inflammatory Bowel Disease

- ***Course of IBD variable***
- ***New diagnosis of IBD (especially UC) may occur, but is rare***
- ***More research needed***
- ***Transplantation does not affect the incidence of CRC***

Conclusions

- ***Survival rates are excellent***
- ***Recurrent PSC can occur after liver transplantation***
- ***Pt and graft survival rates are identical with or without dz recurrence***
- ***De novo IBD may occur after liver transplantation***