

Hepatic Artery Thrombosis in Liver Transplantation – Case Report and Literature Review

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Abstract

We present a case of a 63-year-old male with HCC developed on viral cirrhosis (HVB-HVD) Child C, MELD 15 who was performed a cadaveric orthotopic liver transplantation (marginal graft previous perfused and oxygenated using the Liver Assist Device). After one month, in the context of a febrile episode, the patient was discovered a biliary stenosis associated with biliary fistulae for which he was placed a biliary stent (ERCP). The afterwards abdominal CT revealed absence of the visualization of the graft common hepatic artery and its intrahepatic branches. An arteriography in an emergency manner was performed, with administration of Actylise, and then continued with Ilomedin and Heparin administration, but with no improved imaging appearance. The patient underwent a liver retransplantation - the arterial anastomose was performed between the donor superior mesenteric artery (due to the anatomical variant: accessory right hepatic artery from superior mesenteric artery) and the recipient infrarenal aorta (using iliac cadaveric arterial graft). 18 months after the retransplantation, the CT scan revealed homogeneous hepatic graft and permeable vascular axis.

Key words: hepatic artery thrombosis, interventional arterial dethrombosis, liver retransplantation, arterial anatomical variants, arterial graft