

## Liver transplantation: Uses, Risks and Special population

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### Introduction

Liver transplantation or hepatic transplantation is that the replacement of a diseased liver with the healthy liver from another person (allograft). Liver transplantation may be a treatment option for end-stage disease and acute liver failure, although availability of donor organs may be a major limitation. the foremost common technique is orthotopic transplantation, during which the native liver is removed and replaced by the donor organ within the same anatomic position because the original liver. The surgery is complex, requiring careful harvest of the donor organ and meticulous implantation into the recipient. Liver transplantation is very regulated, and only performed at designated transplant medical centers by highly trained transplant physicians and supporting medical team. The duration of the surgery ranges from 4 to 18 hours counting on outcome.[medical citation needed] Favorable outcomes require careful screening for eligible recipient, also as a well-calibrated live or cadaveric donor match. [medical citation needed].

and therefore the primary target of immunosuppressive agents. Acute rejection is typically seen within days or weeks of the transplant.

Chronic rejection is that e byctio8(i)-10(s3815-2 caf11 0 0 1 244

### Uses

Liver transplantation may be a potential treatment for acute or chronic conditions which cause irreversible and severe ("end-stage") liver dysfunction. Since the procedure carries relatively high risks, is resource-intensive, and requires major life-modifications after surgery, it's reserved for dire circumstances.

Judging the appropriateness/effectiveness of liver transplant on case-by-case basis is critically important (see Contraindications), as outcomes are highly variable.

### Risks

#### Graft rejection

After a liver transplantation, immune-mediated rejection (also referred to as rejection) of the allograft may happen at any time. Rejection may present with lab findings: elevated AST, ALT, GGT; abnormal liver function values like prothrombin time, ammonia level, bilirubin level, albumin concentration; and abnormal blood sugar. Physical findings may include encephalopathy, jaundice, bruising and bleeding tendency. Other nonspecific presentation may include malaise, anorexia, muscle ache, low fever, slight increase in white blood count and graft-site tenderness.

**Three sorts of graft rejection may occur:** hyper acute rejection, acute rejection, and chronic rejection.

excellent health, and not having uncontrolled high vital signs, disease, diabetes or heart condition. Sometimes CT scans or MRIs are done to image the liver. In most cases, the workout is completed in 2-3 weeks.

cirrhosis has led to a recurring controversy regarding the eligibility of such patients for liver transplant. The controversy stems from the view of alcoholism as a self-inflicted disease and therefore the perception that those with alcohol-induced damage are depriving other patients of

## **Benefits**

There are several advantages of living liver donor transplantation over cadaveric donor transplantation, including:

Transplants are often done on an elective basis because the donor is quickly available

There are fewer possibilities for complications and death than there would be while expecting a cadaveric donor

Because of donor shortages, UNOS has placed limits on cadaveric organ allocation to foreigners who seek medical help within the USA. With the supply of living donor transplantation, this may now allow foreigners a replacement opportunity to hunt for medical aid within the USA.

## **Special population**

### **Alcohol dependence**

The high incidence of liver transplants given to those with alcoholic