



Helping Patients Overcome Barriers to Liver Transplantation:

Case-based Panel Discussion

CASE ONE

ZA is a 28 year old male with a history of PSC. He has had three bouts of cholangitis in the last year, one with bacteremia. He is now on antibiotic prophylaxis per ID recommendations. Imaging shows diffuse disease without dominant stricture. His native MELD is 11.

He has a history of ulcerative colitis that is moderate to severe. He is on a combination ustekinumab.

QUESTIONS

- a. This patient has a low MELD score and no live donors. He is interested in liver transplant. Is that a reasonable option? How can he get a transplant?

- b. Does his moderate to severe UC or his current medication alter his transplant candidacy in any way?

CASE TWO

RM is a 56 year old male with a history of HCV and alcohol-related cirrhosis. He has a history of variceal bleed, ascites and SBP. He is referred for liver transplant; his MELD score is 22. His HCV is active and he is treatment naïve; GT 3, VL of 330K. He stopped drinking 9 months ago and is on acamprosate. He continues to smoke and is willing to quit but is struggling. He also occasionally smokes MJ.

QUESTIONS

- a) Would you treat HCV now or wait until after transplant?
- b) Are there any issues with acamprosate?
- c) Is smoking (tobacco) an absolute contraindication?
- d) Is recreational MJ a contraindication?

CASE THREE

47 year old male with biopsy proven MASLD cirrhosis complicated by large ascites, varices, PSE and a 2.3cm HCC referred for liver transplant.

MELD 3.0 = 26.

He has DM (A1c: 8.9), HTG

He is functional and was working up until 9 months ago

His BMI is 57.

QUESTIONS

- a. Is his BMI a contraindication to liver transplantation?
- b. Would you recommend bariatric surgery pre-transplant?
- c. is bariatric surgery at the time of transplant an option?