

Factors affecting persistent splenomegaly after adult-to-adult living donor liver transplantation using a left lobe

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3 Factors affecting persistent splenomegaly after adult-to-adult living
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6 donor liver transplantation using a left lobe
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29
30 operations on donors and recipients.
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36 **Disclosure**

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43 by Transplantation.
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3 **Abbreviations**
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6 spleen volume, SV; adult to adult living donor liver transplantation,
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9 A2LDLT; computed tomography, CT; portal vein pressure, PVP;
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12 cadaveric donor liver transplantation, CDLT; portal vein flow, PVF;
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16 graft volume, GV; standard liver volume, SLV; one-way analysis of
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19 variance, ANOVA; central venous pressure, CVP; fresh-frozen
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22 plasma, FFP; model for end-stage live disease score, MELD score;
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26 graft-recipient weight ratio, GRWR;
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1
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3 Abstract

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6 *Background.*

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9 The aim of the present study was to evaluate spleen volume (SV)
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11 and the factors influencing it after adult-to-adult living donor liver
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13 transplantation (A2LDLT) using a left lobe.
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19 *Methods.*

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22 Pre-transplant computed tomography (CT) and post-transplant CT
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24 two years after A2LDLT were examined by volumetric analysis in 24
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26 patients. The factors affecting the change in post-transplant SV were
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28 analyzed.
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35 *Results.*

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38 The mean pre-transplant SV (692 ± 483 mL) decreased significantly
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40 to 420 ± 292 mL after A2LDLT ($p=0.001$). Post-transplant SV was
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42 >500 mL in 9 patients (Group A) and ≤ 500 mL in 15 (Group B). Pre-
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3 Actual GV and GV/standard liver volume ratio showed no inter-
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6 group differences. The only significant factor related to a post-
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9 transplant SV of >500 mL was the pre-transplant SV. Post-
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12 transplant platelet counts were significantly increased from the pre-
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15 transplant values in both Group A ($p=0.004$) and Group B ($p<0.001$).
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19 *Conclusions.*
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22 Pre-transplant SV is the only significant factor predicting a SV of
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25 >500 mL after A2LDLT using a left lobe. However, even in patients
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28 with a SV of >500 mL, the platelet count increased significantly from
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31 the pre-transplant value.
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3 Liver transplantation is the ideal treatment for end-stage liver
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6 disease. Most patients who undergo orthotopic liver transplantation
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9 show a decrease in spleen volume (SV)^{1,2}. However, it has been
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12 reported that the spleen remains significantly enlarged in some
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15 patients, and that splenomegaly may persist for up to 2-4 years after
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18 cadaveric donor liver transplantation (CDLT)³. It is anticipated that in
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21 patients who undergo partial liver transplantation such as split liver
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24 transplantation or living donor liver transplantation (LDLT), graft
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27 hyper-perfusion may cause more persistent splenomegaly. It is said
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30 that use of a left lobe graft may cause small for size syndrome⁴⁻⁶. To
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33 overcome this complication, various types of portal inflow
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36 modulation have been applied⁷⁻⁹. At our institution we have been
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39 performing adult-to-adult LDLT (A2LDLT) using left lobe grafts
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42 without splenectomy or portocaval shunts in many patients^{10,11}. In
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45 the present study, we investigated SV at 2 years after A2LDLT using
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48 left lobe grafts and evaluated the factors affecting SV.
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52 53 54 55 56 57 **Patients and Methods** 58 59 60 61 62 63 64 65

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3 Between September 2003 and February 2018, 86

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6 consecutive LDLTs were performed at Juntendo University Hospital
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9 after obtaining approval from the University Ethics and Indications
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12 Committee. The recipients comprised 65 adults (aged ≥ 18 years)
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15 and 21 children (aged < 18 years). We used only left lobe grafts
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18 without the caudate lobe for adult recipients and did not perform
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21 right lobe LDLT. Standard liver volume (SLV) of the recipients was
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24 calculated according to the formula of Urata et al.¹². Estimated graft
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27 volume (GV) was calculated by CT volumetric analysis, and actual
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30 GV was measured on the back table. Our general selection criteria
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33 for grafts in A2LDLT included a preoperatively estimated GV/SLV
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36 ratio equal to or greater than 30%¹¹.
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41 ***Operative management and measurement of portal flow***

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44 The authors' techniques for left lobe graft and recipient total
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47 hepatectomy in A2LDLT have been described in detail
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50 previously^{10,11}. The graft consists of the left lobe with inclusion of the
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53 middle hepatic vein. Intraoperative blood flow measurements were
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56 taken with an ultrasonic transit time flow meter (Transonic System,
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3 Ithaca, NY) in the recipient. After anastomosis of all the vessels and
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6 15 min of equilibration, but before biliary reconstruction, portal vein
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9 flow (PVF) was measured. The portal vein pressure (PVP) was
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12 measured by direct puncture with a 25-gauge needle and pressure
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15 tubing attached to a normal central venous pressure (CVP)
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18 monitoring transducer.
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21 22 ***Postoperative care*** 23

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25 The initial immunosuppressive regimen consisted of FK 506
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28 and prednisone. Intensive anticoagulant treatment, carried out for
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31 more than 2 weeks after LDLT, included administration of low-dose
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34 low-molecular-weight heparin (50U/kg/day for 4 weeks),
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37 antithrombin III (target of 100% antithrombin activity for 2 weeks),
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40 1nafamostat mesilate 0.1 mg/kg/hr for one week), prostaglandin E₁
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43 (0.01 µg/kg/min for one week), gabexate mesilate (1 mg/kg/h for one
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46 week).
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49 50 51 ***Volumetry of the recipient spleen and graft*** 52

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54 Since 2008 we have routinely performed pre- and post-
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57 transplant CT of the abdomen in 34 consecutive recipients. Of these
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3 34 patients, 10 were excluded from the study for one of the following
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6 reasons: Absence of portal hypertension before LDLT (n=4), a
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9 history of splenectomy (n=1), death within 1 month after LDLT (n=2),
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12 follow-up interval <1 year (n=1), and inability to perform post-
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15 transplant CT because of patient migration (n=2). The remaining 24
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18 patients were enrolled in the present study. CT studies were
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21 performed using multislice CT. GV and SV were measured using a
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24 Synapse Vincent volumetric analysis system ver.4 (Fujifilm,
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27 Tokyo)¹³. The time point of CT assessment of SV and GV was two
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30 years after A2LDLT. We divided the recipients into two groups
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33 according to the post-transplant SV: >500 mL (Group A) and ≤500
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36 mL (Group B). To identify the possible factors related to persistent
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39 splenomegaly, the following variables were compared between the
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41
42 two groups: pre-transplant recipient variables, including age, sex,
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45 liver disease, history of ascites, presence of collateral circulation,
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48 model for end-stage live disease (MELD) score, Child-Pugh score,
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51 and liver and renal function test results; graft-related data, including
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54 actual GV, GV/SLV ratio, and SV; perioperative data, including cold
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3 ischemia time, operation time, and intraoperative blood loss;
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6 hemodynamic factors including post-transplant PVP, and PVF;
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9 postoperative factors including surgical complications, post-
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12 transplant GV, post-transplant GV/SLV, liver function, and hospital
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16 stay.

17 18 ***Statistical analysis***

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22 Continuous variables were expressed as mean \pm SD or the
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25 median with range, and statistical analysis of data was performed
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28 using one-way analysis of variance (ANOVA). A paired *t*-test was
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31 conducted to examine the differences in SV and GV. Qualitative
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34 variables were compared by chi-squared test. Variables were also
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37 compared by multivariate analysis using a logistic regression model.

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40 The variables that were ultimately used for a logistic regression
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43 analysis were chosen on the basis of clinical importance.

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46 Calculations were performed using the JMP 11.2.0 software
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49 package (SAS Institute Inc., NC). Differences at $p < 0.05$ were
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52 considered to be statistically significant.
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Results

The primary liver disease was viral liver cirrhosis in nine patients, primary biliary cirrhosis in seven, biliary atresia in three, alcoholic cirrhosis in two, cryptogenic cirrhosis in two and primary sclerosing cholangitis in one. The mean pre-transplant SV (692 ± 483 mL) decreased significantly to 420 ± 292 mL after A2LDLT (paired t-test, $p=0.001$, Figure 1). Platelet counts after LDLT increased significantly relative to the pre-transplant values (from 8.4 ± 5.0 / $10^4\mu\text{L}$ to 17.0 ± 7.8 / $10^4\mu\text{L}$, paired t-test, $p<0.001$, Figure 2). The actual GV (445 ± 84 mL) increased significantly to $1,195\pm 337$ mL after LDLT (paired t-test, $p<0.001$, Figure 3). Nine patients (37.5%) were placed into Group A and fifteen (62.5%) into Group B.

Preoperative factors affecting the post-transplant SV are listed in Table 1. There were significant differences in the pre-transplant SV ($p<0.001$) and the platelet count ($p=0.008$) between the two groups. Post-transplant SV was significantly correlated with pre-transplant SV ($r^2=0.45$, $Y=138+0.407X$, $p<0.001$, Figure 4).

Table 2 shows the perioperative factors affecting spleen size. There

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3 were significant differences in anhepatic time ($p=0.003$), operation
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6 time ($p=0.002$), and intraoperative blood loss ($p=0.004$). The number
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9 of patients with a post-transplant PVP of >20 mmHg was
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12 significantly larger in Group A than in Group B ($p=0.009$). The
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15 number of patients with a post-transplant PVF of >250 mL/min/100 g
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18 graft weight was significantly larger in Group A than in Group B
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21 ($p=0.005$). The only variable associated with persistent
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24 splenomegaly that remained significant after application of the
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31 logistic regression model was pre-transplant SV ($p=0.046$) (Table 3).

32 Postoperative factors affecting spleen size are shown in Table

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35 4. Post-transplant GV was significantly greater in Group A than in
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38 group B ($p=0.003$). Post-transplant SV was significantly correlated
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41 with post-transplant GV ($r^2=0.30$, $Y=-145+0.473X$, $p=0.006$, Figure
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44 5). Post-transplant platelet count was significantly lower in Group A
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47 than in Group B ($p=0.001$). However, post-transplant platelet counts
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50 were significantly increased from the pre-transplant values in both
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54 Group A ($p=0.004$) and Group B ($p<0.001$).

Discussion

In the present study, after A2LDLT using a left lobe, a significant reduction of SV was observed. However, the mean post-transplant SV (420 ± 292 mL) was greater than the normal range (219 ± 76 mL) and 15 (62.5%) patients still had splenomegaly. Nine out of 24 recipients showed a large SV of >500 mL two years after transplantation. Persistent splenomegaly and portosystemic collaterals have been reported after CDLT and LDLT^{3, 14, 15}. In the present study, the post-transplant SV clearly demonstrated a statistically significant linear relationship with the pre-transplant SV, and the pre-transplant SV was a significant factor predictive of a post-transplant SV of >500 mL.

Even after CDLT, the spleen remains significantly enlarged in 56% of patients³. The rate of reduction of SV may be significantly greater in patients receiving total liver grafts than in those with partial liver grafts. Chen et al. analyzed 87 recipients who underwent A2LDLT using a right lobe. The recipients were grouped according to the graft weight-to-recipient weight ratio (GRWR >1 vs. GRWR >1).

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3 There were no significant differences in the mean postoperative SV
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6 and the changes in mean SV ratio between the two groups¹⁶. Kim et
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9 al. reported that although the type of transplantation (CDLT vs.
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12 LDLT) did not affect the degree of change in varices or splenic
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15 volume, the rate of reduction of SV in LDLT was weakly but
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18 significantly correlated with the weight of the transplanted liver
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21 (Pearson's correlation coefficient, $r=0.401$; $p<0.0001$)¹⁴. The
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24 hemodynamic patterns after left lobe LDLT can be predicted on the
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27 basis of graft size and spleen size. In the present study, GV and the
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30 GV/SLV ratio were important but insufficient parameters predictive of
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33 persistent splenomegaly after A2LDLT. Therefore, the relationship
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36 between spleen size and graft size remains controversial.
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41 In patients with massive splenomegaly, the structural
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44 changes in the spleen, including fibrosis, do not allow for complete
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47 return to a normal size even after portal hypertension has been
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50 relieved by liver transplantation³. Splenic and retroperitoneal varices
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53 remain even several years after liver transplantation. Although graft
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56 hyperperfusion may improve gradually, splenic and retroperitoneal
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3 varices frequently have a large systemic draining route and
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6 persistent collaterals may be maintained for a long time because of
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9 increased flow through the persistently enlarged spleen^{14,18}.

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12 Whereas actual graft size at the time of LDLT was similar
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15 between the patients with a SV of ≥ 500 mL and those with a SV of
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18 < 500 mL, it was significantly larger in the former than in the latter at
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21 two years after LDLT. The prolonged excessive post-transplant
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24 portal blood flow related to persistent splenomegaly may accelerate
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27 regeneration of the transplanted partial liver graft^{19, 20}. In patients
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30 with a SV of ≥ 500 mL, the average post-transplant GV/SLV ratio was
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33 more than 100% and hyperkinetic portal hemodynamics was
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36 suspected in recipients with a large spleen. However, portal
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39 hypertension may improve gradually because of a markedly
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42 increased GV and decreasing intrahepatic resistance. In fact, even
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45 in patients with a SV of ≥ 500 mL, the average platelet count
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48 increased to $10.3 \pm 4.0 / 10^4 \mu\text{L}$. The detection of splenomegaly or
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51 persistent portosystemic shunt in the absence of other clinical
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54 findings does not necessarily mean recurrence of liver disease with
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3 portal hypertension.
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6 In summary, although post-transplant SV was significantly
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8 decreased from the pre-transplant SV, 9 of the present 24 recipients
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10 showed a SV of >500 mL after A2LDLT using a left lobe. Pre-
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12 transplant SV is the sole significant factor predicting a post-
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14 transplant SV of >500 mL. However, even in patients with a SV of
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16 >500 mL, the platelet count was increased significantly from the pre-
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18 transplant value.
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Table 1 Preoperative variables

Variables	Group A (n=9)	Group B (n=15)	<i>P</i>
Age (year)	47±15	52±10	0.33
Gender			
Male	5	4	0.16
Female	4	11	
Disease			
Cholestatic disease	3	8	0.34
Hepatocellular disease	6	7	
Presence of ascites			
Yes	6	11	0.73
No	3	4	
Presence of collateral circulation			
Yes	4	3	0.20
No	5	12	
MELD score	17.1±3.6	17.0±4.0	0.95
Child-Pugh score	10.1±0.6	10.7±1.5	0.56
Spleen volume (mL)	1097±496	450±271	<0.001
Platelet (/10 ⁴ μ L)	5.0±2.0	10.4±5.2	0.008
Bilirubin (mg/dL)	10.6±13.9	8.38±6.83	0.60
Total protein (g/dL)	6.96±1.15	6.71±0.82	0.55
Albumin (g/dL)	2.78±0.49	2.47±0.43	0.12
A/G ratio	0.72±0.23	0.61±0.18	0.20
Prothrombin time (%)	64±10	60±15	0.52
Creatinine (mg/dL)	0.76±0.42	0.64±0.35	0.46

Table 2 Perioperative variables

	Variables	Group A (n=9)	Group B (n=15)	P
Graft factor	Actual graft volume (mL)	480±53	427±92	0.14
	Graft volume / standard liver volume ratio (%)	42.0±7.2	39.9±6.5	0.46
Surgical factor	Anhepatic time (min)	122±51	70±26	0.003
	Operative time (min)	1116±202	902±94	0.002
	Intraoperative blood loss (min)	2167±1712	653±550	0.004
Hemodynamic factor	Post-transplant portal vein pressure (mmHg)>20mmHg			
	Yes	7	8	0.009
	No	0	7	
	Post-transplant portal vein flow (mL/min/100g graft weight)>250mL/min/100g graft weight)			
Yes	7	7	0.005	
No	0	6		

1
2
3 Table 3. Final model: factors associated with postoperative splenomegaly by logistic
4
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6 regression analysis
7

8	9	10	11	12	13
Factor	Parameter estimate	Standard error	95% Confidence interval	P	
Graft volume (mL)	-0.010	0.013	-0.044 - 0.009	0.43	
Pre-transplant spleen volume (mL)	-0.005	0.002	-0.011- -0.001	0.046	
Portal vein pressure after LDLT (mmHg)	0.102	0.223	-0.290 - 0.635	0.45	
portal vein flow after LDLT (mL/min/100g graft weight)	-0.001	0.007	-0.016 - 0.012	0.92	

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Table 4 Postoperative variables

Variables	Group A (n=9)	Group B (n=15)	<i>P</i>
Acute cellular rejection			
Yes	1	5	0.20
No	8	10	
Re-operation			
Yes	3	1	0.09
No	6	14	
Post-transplant graft volume (mL)	1463±313	1061±265	0.003
Post-transplant GV/SLV (%)	126±15	97±21	0.002
Prothrombin time (%)	82±9	89±11	0.11
Bilirubin (mg/dL)	2.92±4.07	1.19±0.62	0.10
Platelet (/10 ⁴ μ L)	10.3±4.0	20.3±7.1	0.001
Post-transplant average daily amount of ascites for 14 days (mL)	1979±1150	1602±875	0.38
Hospital stay (day)	139±112	81±53	0.10

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3 Figure legend
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6 Fig. 1
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9 The mean pre-transplant SV (692 ± 483 mL) decreased significantly
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11 to 420 ± 292 mL after A2LDLT (paired t-test, $p=0.001$)
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16 Fig. 2
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18 Platelet counts after LDLT increased significantly relative to the pre-
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20 transplant values (from $8.4\pm 5.0 / 10^4\mu\text{L}$ to $17.0\pm 7.8 / 10^4\mu\text{L}$, paired t-
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22 test, $p<0.001$).
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28 Fig. 3
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31 The actual GV (445 ± 84 mL) increased significantly to $1,195\pm 337$ mL
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33 after LDLT (paired t-test, $p<0.001$).
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38 Fig. 4
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41 Post-transplant SV was significantly correlated with pre-transplant
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43 SV ($r^2=0.45$, $Y=138+0.407X$, $p<0.001$).
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48 Fig. 5
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51 Post-transplant SV was significantly correlated with post-transplant
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53 GV ($r^2=0.30$, $Y=-145+0.473X$, $p=0.006$).
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Figure 1. Changes of spleen volume

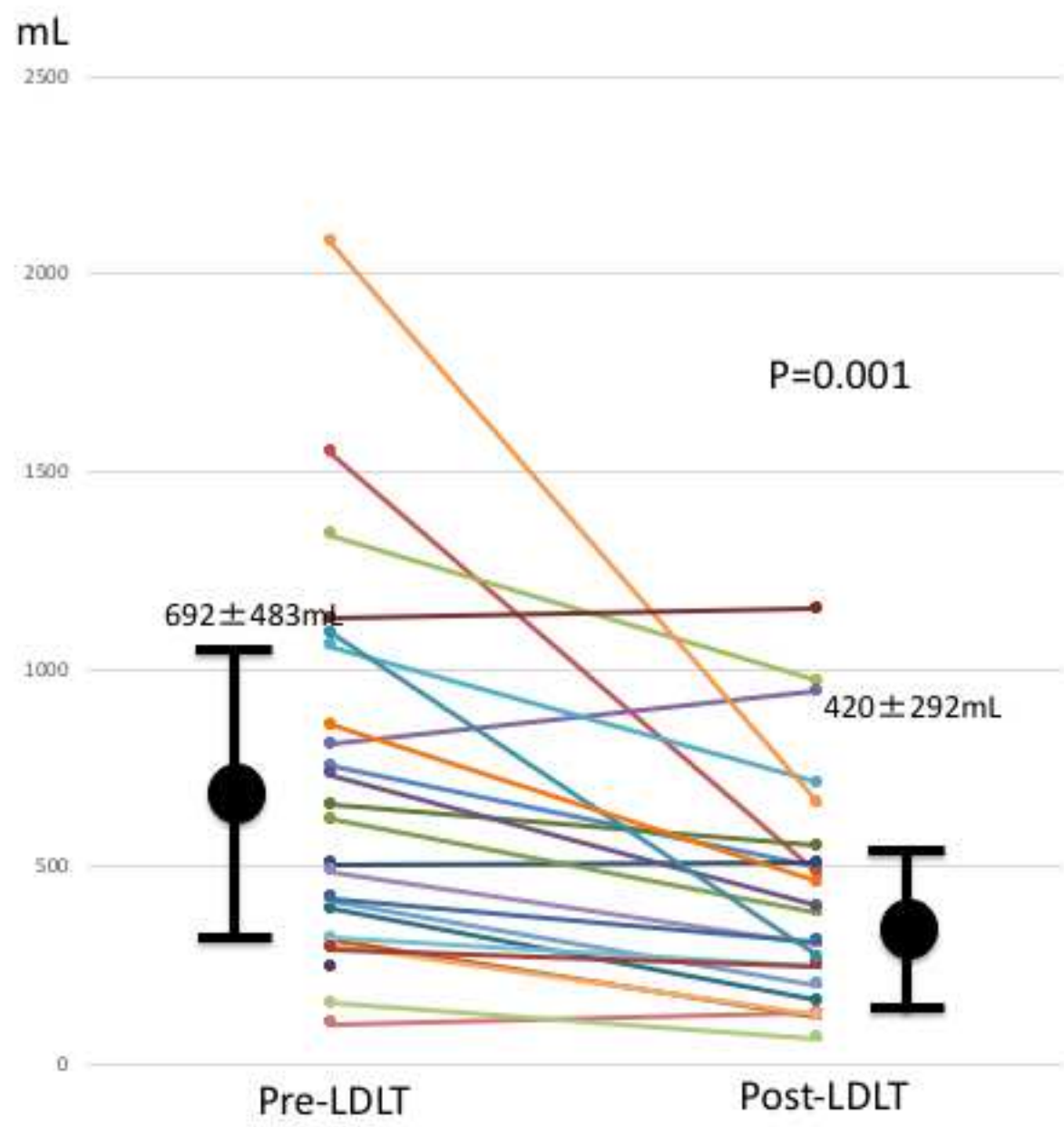


Figure 2. Changes of platelet count

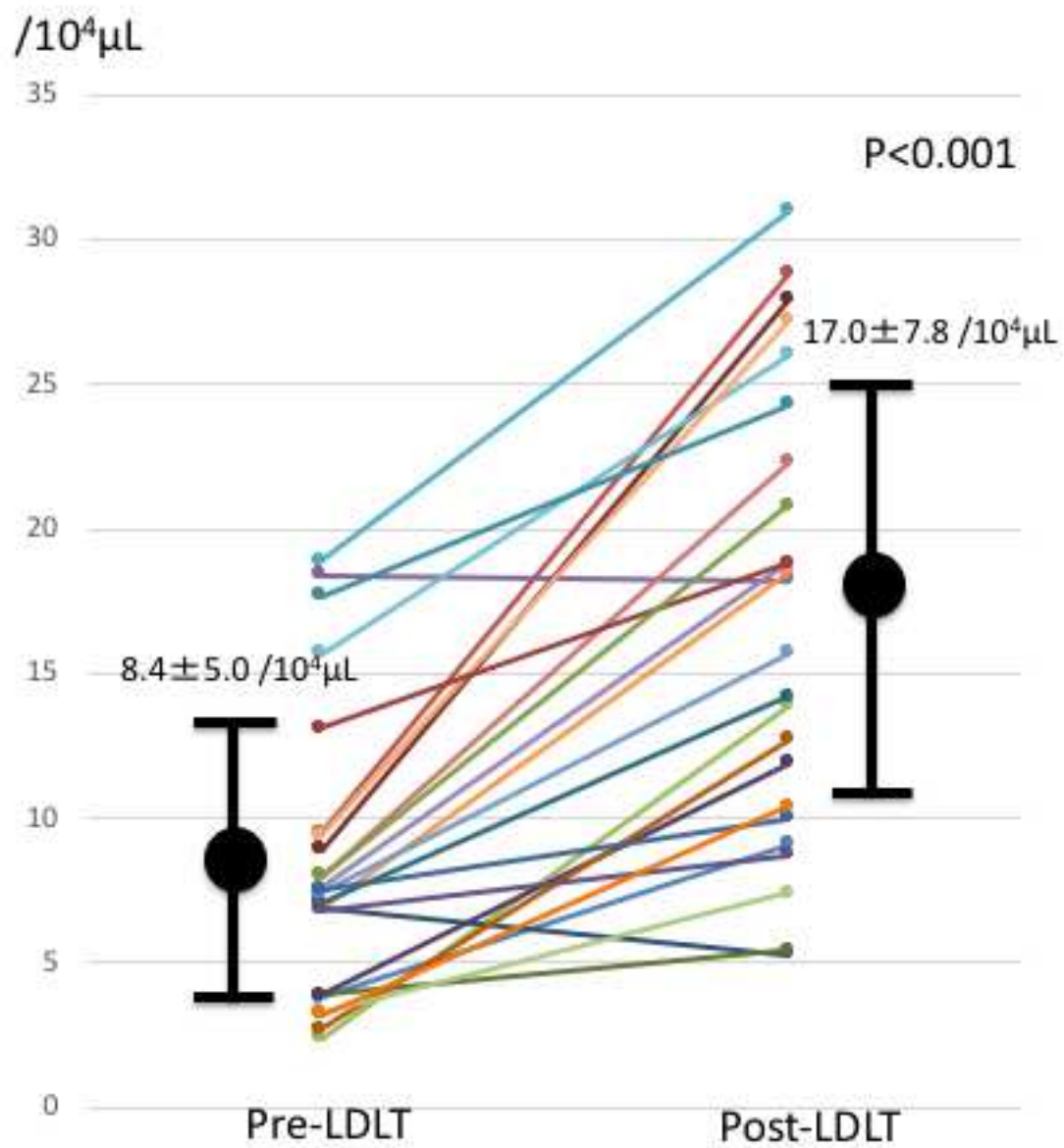


Figure 3. Chages of graft volume

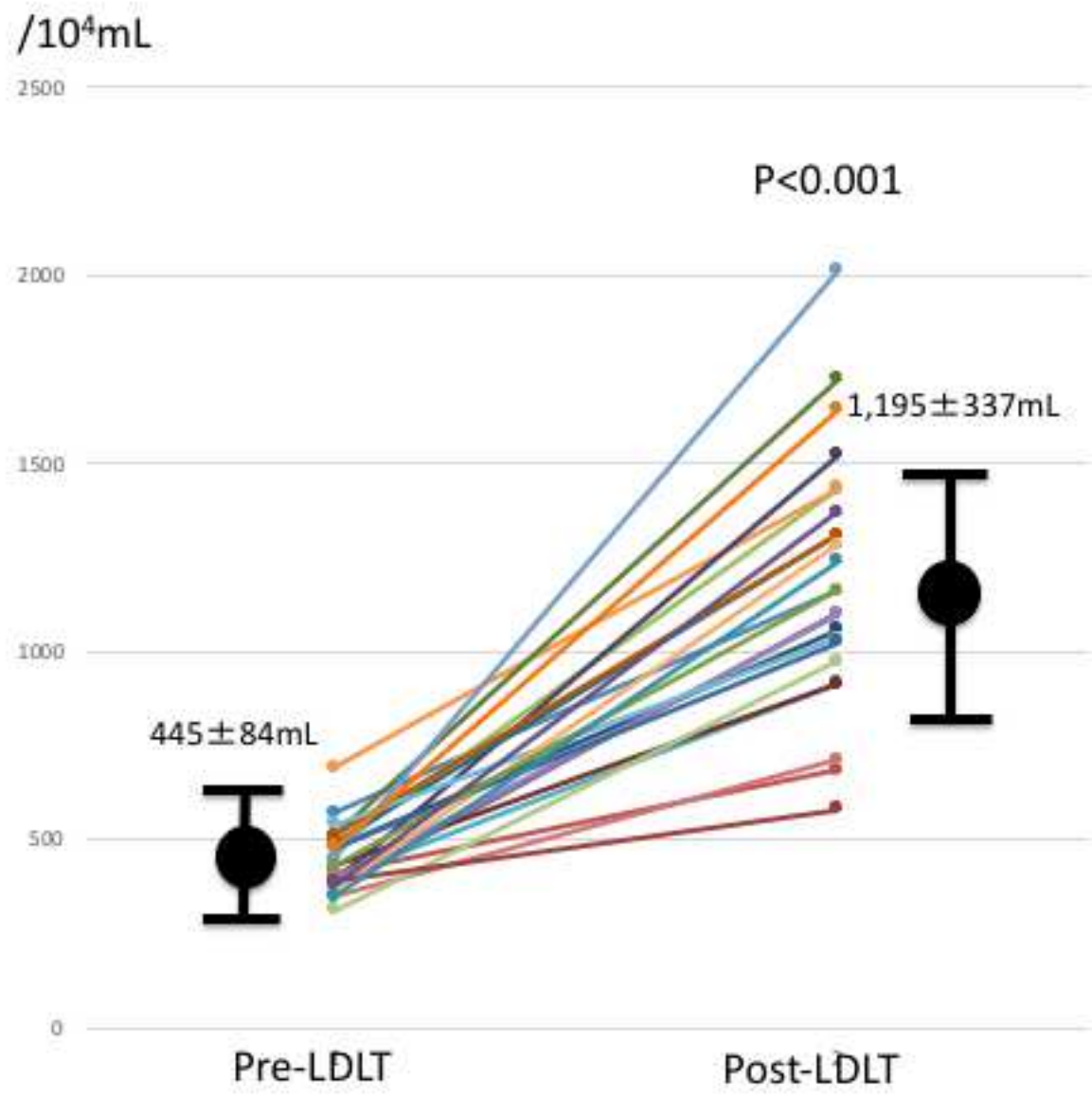


Fig. 4. Correlation between Pre-transplant spleen volume and post-transplant spleen volume

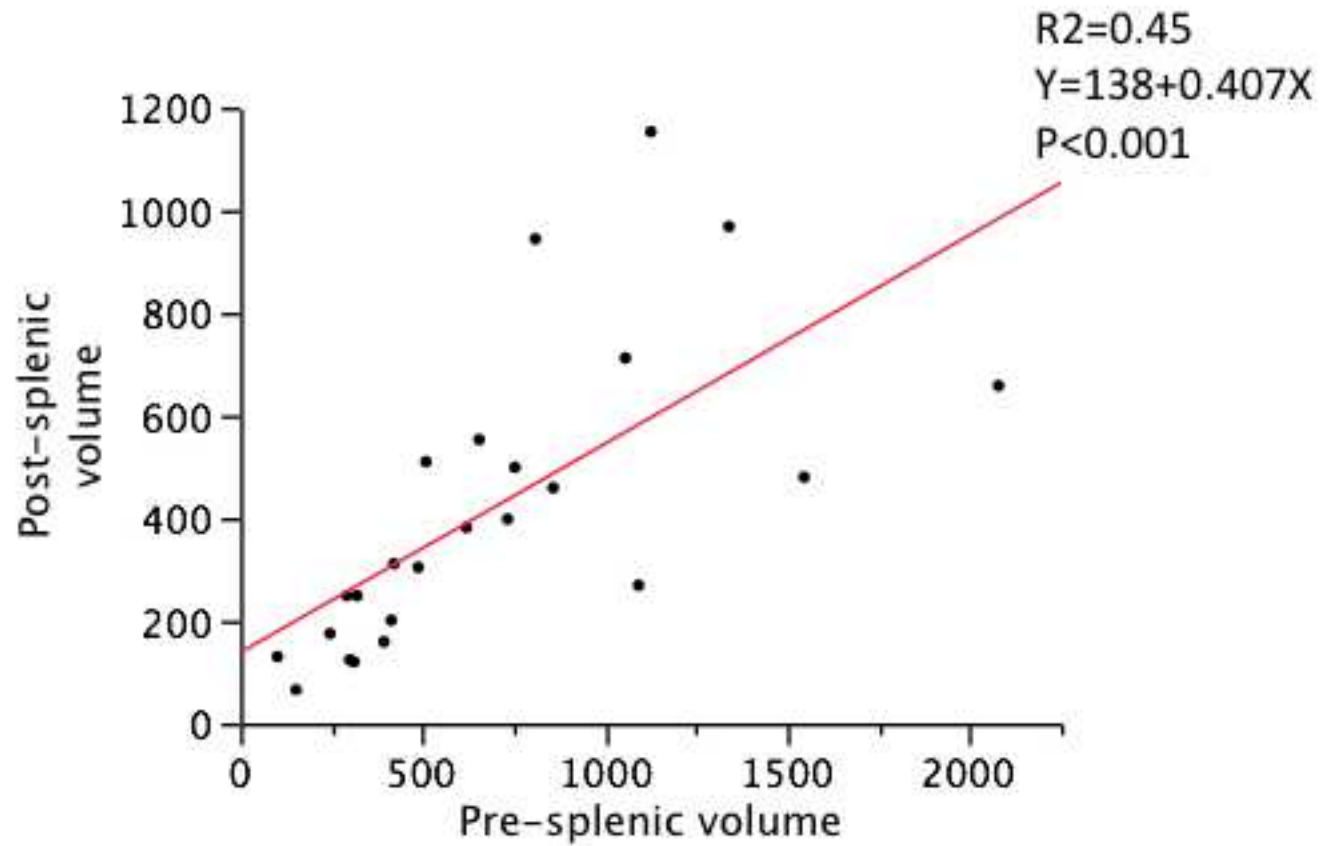


Fig. 5 Correlation between post-transplant splenic volume and post-transplant graft volume

