

BACKGROUND

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Intestinal and multivisceral transplantation can be a life-saving therapy for patients with complications from the treatment of intestinal failure. Indications for this highly specialised type of transplant are broadening to include acute vascular catastrophes and some otherwise irresectable intra-abdominal tumours (e.g. desmoids and pseudomyxoma peritonei). Since the first successful multivisceral transplant in the late 1980s, more than 4000 transplants have taken place worldwide and outcomes continue to improve. Intestinal transplantation is the most challenging area of abdominal transplantation, with higher rates of complications than other transplant groups. These complications include rejection, sepsis, post-transplant lymphoproliferative disease (PTLD) and graft-versus-host disease (GVHD). Graft and patient outcomes for isolated intestinal transplants are close to those for long-term parenteral nutrition (PN). The role of intestinal transplantation may be changing with earlier referral to try to avoid the complications of long term PN, including intestinal failure-associated liver disease (IFALD).

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