CAUSES OF ALLOGRAFT DYSFUNCTION

CAUSES OF ALLOGRAFT DYSFUNCTION

Liver graft dysfunction can happen any time after transplanta tion; if not identified early and treated promptly , it can lead to graft loss. The most common presentation is an asymptomatic elevation of liver enzyme levels . Early after LT , acute cellular rejection is the most common cause of graft dysfunction and is usually treated by increasing the dose of immunosuppression, which includes pulsed-steroid therapy for 3 days or more depending on the degree of rejection. The other common reasons for graft dysfunction are the vascular complications, bile leak or bile duct obstruction, post-transplant infections and drug toxicity . Even if rejection is suspected, it is important to rule out any vascular or biliary complications by perform ing a Doppler ultrasound scan and, if there is any doubt, a contrast-enhanced CT scan. Liver biopsy is usually performed through a percutaneous route, but a coagulopathic patient might need transjugular liv er biopsy . LT patients are followed up more frequently in the first 3 months after transplant, as this is the time when presentation with graft-related issues is most common and also when mon itoring and optimisation of immunosuppression ar e crucial. The follow-up protocol varies between LT centres, but mostly includes once a week for the first 6 weeks after transplant and then once a f ortnight for another 6 weeks, before reducing the frequency of appointment. Late graft dysfunction is usually due to acute/chronic rejection, vascular issues such as hepatic artery stenosis or venous outflow obstruction, biliary obstruc tion, recurrence of primary disease such as hepatitis C (rare nowadays owing to viral clearance prior to transplant), auto immune diseases or NAFLD, and other opportunistic infec tions suc h as CMV or herpes simplex hepatitis.

Revision #1
Created 2025-12-31 15:31:48 UTC by Omar Ayman
Updated 2025-12-31 15:31:48 UTC by Omar Ayman