

PAEDIATRIC LIVER TRANSPLANTATION

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Paediatric LT has now been carried out for more than three decades and enjoys excellent success with good long-term outcomes. Split LT and LDLT have contributed to reduced waiting times in these children with improved outcomes (Figure 89.7). Contraindications to LT in children are uncommon, and usually include: (i) non-resectable extra- hepatic malignant tumour; (ii) concomitant end-stage organ failure that cannot be corrected by a combined transplant; (iii) uncontrolled sepsis; and (iv) irreversible neurological damage. Left lateral segment grafts usually suffice for small children, but larger children will need left lobe or right lobe grafts. The left lateral segment graft donor operation involves removal of acceptable risk of donor complications. Monosegment grafts (transplanting isolated liver segments such as segment II or segment III for an infant) for small children (less than 5 kg) is - a norm in experienced centres and can solve the problem of 'large for size' grafts in this age group. e very

Figure 89.7 Paediatric living donor liver transplantation. (a) Donor left lateral segmentectomy where the parenchymal transection is completed and the graft is ready to be taken out; (b) the left lateral segment graft implanted into a paediatric recipient.

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