شبكة المعلومات الجامعية

التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم

HANAA ALY

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جامعة عين شمس

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قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
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Arterial complications in living donor liver transplantation: Right or left hepatic artery reconstruction, does it differ? A retrospective study

A Thesis

Submitted for partial fulfillment of Master degree
in General Surgery

By

Mohamed Osama Marei Ismaeil

M.B.B.Ch, Misr University for Science and Technology, 2015

Under Supervision of

Prof. Dr. Mohamed Fathy Abdel Ghaffar

Professor of Hepatobiliary Surgery
Faculty of Medicine, Ain Shams University

Prof. Dr. Youssef Farouk Youssef

Professor of Hepatobiliary Surgery
Theodor Bilharz Research Institute

Prof. Dr. Kamal Mamdouh Kamal

Assistant professor of Hepatobiliary Surgery
Faculty of Medicine, Ain Shams University

Dr. Remon Mamdouh Mahfouz Ghobrial

Lecturer of Hepatobiliary Surgery
Faculty of Medicine – Ain Shams University

Faculty of Medicine
Ain Shams University
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List of Abbreviations

Abbr.	Full-term
ASCOT	**:** Ain shams center for organ transplantation
BC	**:** Biliary Complications
CAC	**:** Caval anastomosis complications
CHA	**:** Common hepatic artery
CHD	**:** Common hepatic duct
CLD	**:** Chronic liver disease
DDLT	**:** Deceased donor liver transplantation
HA	**:** Hepatic artery
HAC	**:** Hepatic arterial complications
HAR	**:** Hepatic artery reconstruction
HARI	**:** Hepatic artery resistive index
HAS	**:** Heptic artery stenosis
HAT	**:** Hepatic artery thrombosis
HCC	**:** Hepatocellular carcinoma
HV	**:** Hepatic vein
IC	**:** Ischemic cholangiopathy
IVC	**:** Inferior vena cava
LDLT	**:** Living donor liver transplantation
LHA	**:** Left hepatic artery
LL-LDLT	**:** Living donor liver transplantation using the left lobe
LPV	**:** Left portal vein
LT	**:** Liver transplantation

MELD : Model of end stage liver disease
MHA : Middle hepatic artery
MHV : Middle hepatic vein
NHBD : Non-heart beating donor
NLI : National Liver institute
OLT : Orthotopic liver Transplantation
PHA : Proper hepatic artery
PV : Portal vein
PVT : Portal vein thrombosis
RHA : Right Hepatic artery
RHA : Right hepatic artery
RHV : Right hepatic vein
RI : Resistive index
RL-LDLT : Living donor liver transplantation using the right lobe
SD : Standard deviation
SMA : Superior mesenteric artery
SPSS : Statistical package for social science
TACE : Trans- arterial chemo embolization

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Introduction

Liver transplantation (LT) has emerged as an established and well-accepted therapeutic option for patients with acute and chronic liver failure and hepatocellular carcinoma ***(Graziadei et al., 2016).***

The shortage of organ donors has become a major global problem. Therefore, living donor liver transplantation (LDLT) has become a standard therapy. However, large number of risks associated with LDLT compared with deceased donor liver transplantation (DDLT), especially concerning arterial and biliary complications. LDLT is technically difficult due to the small and short bile duct, short hepatic artery, severe intimal damage, and limited usable vessel graf ***(Miyagi et al., 2018).***

Any strategy to reduce technical complications and prevent graft loss and the need for retransplantation would be crucial to improving management of chronic end-stage liver disease ***(Reigada et al., 2017).***

Hepatic artery thrombosis (HAT) is the most severe vascular complication with an incidence ranging from 2 to 9% in adults. It's occurrence after LT increases postoperative morbidity and contributes to subsequent primary graft dysfunction, ischemic biliary complications and long-term graft loss ***(Herrero et al., 2017).***