



## Letter to the Editor

# Comment on the First Two Liver Transplantations in Syria

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Please cite this article as "Akbulut S, Yilmaz S. Comment on the First Two Liver Transplantations in Syria. J Inonu Liver Transpl Inst 2023;1(1):27-28".

To Editors;

We read the recent article titled "The First Two Liver Transplantations in Syria" published by Rayya with great interest.

<sup>[1]</sup> The article about the first two liver transplants from our neighboring country has attracted our attention.<sup>[1]</sup> Inonu University Liver Transplant Institute is the center with the highest volume in Turkey and Europe (as an ELTR member). Up to 3100 liver transplants have been performed in our institute so far, and 80% of transplants are LDLT because the organ donation rate in Turkey is about 7%, which is quite insufficient. We would like to emphasize a few points regarding the contents of this article :

- In lines 4 and 5, the authors state that the first liver transplant was performed on a girl with hepatocellular carcinoma. However, the girl had hepatoblastoma and her name was Julia Rodriguez.<sup>[2]</sup>
- The authors transplanted a left lateral lobe liver graft which consists of 2<sup>nd</sup> and 3<sup>rd</sup> segments of the liver. The authors have stated that they have perfused a large volume (such as 200 cc) of preservation fluid from the bile ducts of such a small liver graft. Furthermore, they state that they have perfused 200-300 cc preservation fluid from the "thin hepatic artery" during the backtable preparation of the liver graft. We believe this is not appropriate for multiple reasons. Mainly, this is a partial

liver graft and perfusion of high volume of fluids, especially, from the arterial system causes damage to the endothelial layer. Perfusion of 20cc of preservation fluid from the biliary system is enough to prevent the autolysis. Our suggestion is perfusion of cold Ringer's Lactate (RL) solution from the portal vein until obtaining clear drainage from the hepatic veins. This step should be followed by perfusing Histidine-tryptophan-ketoglutarate (HTK) solution (500 to 1000 cc). In our opinion the vascular anastomosis between the graft hepatic vein and the recipient hepatic vein orifices should be performed with 5/0 PDS in this age group. We emphasize that using 3/0 Polypropylene is not appropriate.

- Furthermore, the authors stated that they have performed the arterial anastomosis between the recipient common hepatic artery (CHA) and left hepatic artery on the liver graft with 6/0 polypropylene. In our opinion this is not a suitable method. Our suggestion is to use 8/0 Polypropylene for performing end-to-end arterial anastomosis to the left hepatic arterial stump of the recipient. Otherwise, hepatic arterial anastomotic complications will be frequently encountered.<sup>[3]</sup>
- Also we would like to emphasize our reservations for the bilioenteric anastomosis of the authors. Our suggestion is to use monofilament absorbable suture such as PDS

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**Submitted Date:** 05.03.2023 **Revised Date:** 11.03.2023 **Accepted Date:** 12.03.2023 **Available Online Date:** 27.04.2023

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instead of multifilament sutures such as polyglactin.

- The authors have performed orthotopic auxiliary liver transplantation as the first case of the transplant center. In our opinion this is not a proper choice as the first case because as it is known very well complication related with portal vein inflow is frequently encountered in auxiliary liver transplantation.<sup>[4]</sup>
- In the second case, the authors have used the statement “the very thin expression of the graft hepatic artery”. In our opinion, this is an indication that this center is not yet ready for such a complex operation. The authors have stated that “we performed an auxiliary liver transplant in order not to lose the patient” which shows that they were not confident that the first liver transplant patient will be successful. Liver transplantation is a complex procedure that requires experience and confidence.
- We believe that Damascus University needs to increase their experience and complete the learning curve. Furthermore, they need to be supervised by a more experience center. We believe our institute could provide the necessary support to this center in order to increase

the success rate of the procedures and safety of the patients because we are the most experienced center that is geographically closest to this center.

#### Disclosures

**Peer-review:** Externally peer-reviewed.

**Conflict of Interest:** None declared.

**Authorship Contributions:** Concept – S.A., S.Y.; Design – S.A., S.Y.; Supervision – S.Y.; Literature search – S.A., S.Y.; Writing – S.A., S.Y.; Critical review – S.Y.

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