

CVVHD Used for Toxin Removal in an Anhepatic patient

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Transplantation offers hopes and dreams for anyone suffering from catastrophic diseases. There are new advances in transplants being offered around the world. But with transplantation comes challenges in the care of these patients. The case presented in this poster was an eight month old male diagnosed with biliary atresia. He had been admitted with a history of melanotic stools, poor appetite and decrease in activity level. After further tests to rule out an esophageal varicies, it was agreed upon to list him for a liver transplant.

Three days after admission, a liver became available and he was transplanted. He was stable until five hours post-op, when he exhibited agitation. An ultrasound revealed thrombosis of the hepatic artery and portal vein. He was rushed back to surgery to evaluate severity of the thromboses. Fearing a reperfusion reaction, the vessels were not de-clotted. He was again listed for transplantation.

Twenty six hours after the initial transplant, the cadaveric liver was removed and a porto-caval shunt placed. He was then placed on CVVHD using the PRISMA system for toxin removal, awaiting a second transplant.

He remained ahepatic for fifteen hours while on CVVHD. He then received a living donor liver transplant from a relative. During the hours he was without a liver, he had stable vital signs, adequate urine output and never required vasoactive support.

Using CVVHD gave him time for a second transplant and an opportunity for a second chance at life.

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