

A 54 year-old woman underwent liver transplantation (LT) 4 months ago for alcoholic liver disease complicated by multicentric hepatocellular carcinoma (HCC). One week following LT she was treated with bolus high-dose steroids for acute rejection. She presents to the clinic with RUQ abdominal pain, fever (39.0 C) and abnormal liver tests. She is on immunosuppression with tacrolimus, mycophenolate mofetil and prednisone. A CT scan of the liver reveals multiple hepatic abscesses.

Which of the following factors is most likely associated with the patients liver abscesses?

- a. Transplantation for HCC
- b. Post-operative portal vein thrombosis
- c. Post-operative hepatic artery thrombosis
- d. Prior history of high-dose steroid therapy for rejection
- e. Transplantation for alcohol-related liver disease

**ANSWER: C. Post-operative hepatic artery thrombosis**

**Explanation: Hepatic artery thrombosis (HAT) is an important early complication of liver transplantation. The biliary tree in a transplanted liver is supplied exclusively by the hepatic artery. HAT is associated with ischemic biliary strictures as well as abscess formation. LT recipients presenting with fever or abnormal liver tests should be screened for HAT with Doppler ultrasonography.**