

## Question 25 – Week of January 28

Regarding retransplantation of the liver, it is correct to say:

- A. Patient and graft survival in patients receiving retransplantation of the liver for chronic allograft rejection have a better graft survival than average given better immune tolerance to the second graft;
- B. Retransplantation for chronic hepatitis C has a significantly lower graft and patient survival than first transplant for the same etiologic reason;
- C. In case of graft failure, it should be waited for full blown signs and symptoms of liver failure before retransplantation is to be considered, due to higher risk and costs;
- D. The number of retransplantations is responsible for between 1/3 to 1/4 of the total number of transplants;

**Answer: B**

Approximately 10% of liver transplants are retransplantation in the U.S. Retransplantation of the liver brings more difficult technical challenges, increased cost and length of hospital stay as well as increased morbidity, mortality and graft loss as compared to primary transplantation. For this reason patients who are candidates for retransplantation should be considered earlier than patients evaluated for primary transplant. Results seem to be even worse with retransplantation for recurrent hepatitis C in the original allograft (*Murray, Hepatology 41(6)2005*).