

Question 15 – Week of November 12

Regarding patients with indication for liver transplantation based on their respective diagnosis as mentioned below, with low biologic MELD score, it is correct to state that:

1. Patients with a single 1.8 cm lesion, radiologically typical for HCC, are automatically granted exception points;
 2. Patients with hepatocarcinoma that clearly fits within San Francisco criteria (single lesion of ≤ 6.5 cm, or 2-3 lesions of ≤ 4.5 cm each with a total sum of tumor diameter ≤ 8 cm) are automatically granted 22 points with no need for Regional Board Review;
 3. Patients with documented portopulmonary hypertension, adequately treated, that on repeat right heart catheterization remain with mean pulmonary artery pressure above 35 mmHg, are automatically granted exception points;
 4. Patients with documented hepatopulmonary syndrome with $\text{PaO}_2 < 60$ mmHg on room air will be automatically be granted 22 MELD points without Regional Board Review;
- A. 1, 2 and 3 are correct;
 - B. 2, 3 and 4 are correct;
 - C. 2 alone is correct;
 - D. 3 and 4 are correct;
 - E. 4 alone is correct.

Answer: E

To automatically be granted exceptional MELD points without regional board review, a patient has to have a typical radiological picture or histology, usually not needed, of hepatocellular carcinoma, however larger than 2 cm and still within Milan criteria (*Bruix, J. Hepatology, July 2010; UNOS bylaws*

http://optn.transplant.hrsa.gov/PoliciesandBylaws2/policies/pdfs/policy_8.pdf). Patients who don't have portopulmonary hypertension corrected below 35 mm Hg with medical treatment should not have liver transplantation given high morbidity and mortality in this scenario.

However, patients with hepatopulmonary syndrome, no evidence of organic lung disease, with consistent PaO_2 lower than 60 are automatically given additional points (*Murray, Hepatology 41(6)2005; UNOS bylaws*

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