

Liver Transplant Presentation Form

Site: [Click or tap here to enter text.](#) Clinician: **UCSF**

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Case ID (UCSF Use Only):

GENERAL INFORMATION/DEMOGRAPHICS

Type of Patient:	<input type="checkbox"/> New Patient	<input checked="" type="checkbox"/> Follow-Up Patient	
Birth Year/Age:	1964 / 55 years old		
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	
Weight (kg):	104 kg	Height (cm):	177 cm

Question(s): Should this donor liver have been used and what else other than donor factors could have contributed to PNF? Additionally, what is this patient's chance of HCC recurrence?

LIVER DISEASE/MEDICAL HISTORY

Cause(s) of End Stage Liver Disease:	ASH/NASH		
Other Medical History:	HCC segments 6 and 8 status-post TACE and MWA, EV status-post banding, right hepatohydrothorax, non-insulin-dependent diabetes, hyperlipidemia, obesity		
If Hepatitis, Treatment History Prior to Transplant:	N/A		
Hepatocellular Carcinoma (HCC):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AFP At Time of Transplant: 2,633 (result not obtained until after re-transplant; last AFP result pre-tpx was 326	HCC Treatment History: multiple TACE to segment 6 and 8 HCC (first was 1/26/15); MWA on 3/20/19
Portal Vein Thrombosis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
MELD-Na Score at Time of Transplant:	Listed with Exception Points: 29 (native Na-MELD on admission was 17)		

LIVER TRANSPLANT HISTORY

Donor information	
Donor Age: 44 years old	Cause of Donor Death: Blunt Traumatic Brain Injury
Type of Donor:	<input checked="" type="checkbox"/> DBD <input type="checkbox"/> DCD
Ischemia Time (hr) Cold: 10 hours	Large Droplet Fat (%) Estimated: less than 5% Actual: less than 5%
Surgical Information	
Type of Connection: <input type="checkbox"/> Piggy-Back <input checked="" type="checkbox"/> Bicaval	Duct Anastomoses: <input checked="" type="checkbox"/> Duct to Duct <input type="checkbox"/> Biliary Enteric
Estimated Blood Loss (L): 20L	Warm Ischemia Time (min): 54 min
Portal Vein Thrombectomy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Notable Surgical Event(s): difficult recipient liver dissection off retroperitoneum; very large donor right lobe; right kidney profuse bleeding and ultimately requiring right nephrectomy	
Final Pathology 6/16/2019: Explanted liver weight: 1673 grams Histological-pathological diagnoses: Liver: <ul style="list-style-type: none"> - Cirrhosis - Multifocal HCC <ul style="list-style-type: none"> o 7 total tumors <ul style="list-style-type: none"> ▪ All in right lobe ▪ 3 viable tumors (1.5cm, 0.8cm, 1.6cm) ▪ Moderate to poorly differentiated o Total diameter of all HCC foci: gross 14cm (viable 3.9cm) o No vascular invasion o No perineural invasion o No tumor in capsule o No local extension o Negative margins (>3cm hilar margin) o Nodes: none present o AJCC Stage: ypT2NX Right kidney: 2.4cm x 2.1cm x 1.4 cm benign fibrous tissue/acellular mass of upper pole and 5.6cm x 2.7cm x 2.1cm multi-loculated fibroadipose tissue mass of midpole; ATN	

IMMUNOSUPPRESSION HISTORY

Induction:	<input type="checkbox"/> Antithymocyte Globulin <input type="checkbox"/> IL2RA <input type="checkbox"/> Anti-CD52 <input checked="" type="checkbox"/> Steroid
Initial Maintenance:	<input checked="" type="checkbox"/> Tacrolimus <input type="checkbox"/> Cyclosporine <input type="checkbox"/> Sirolimus <input type="checkbox"/> Everolimus <input checked="" type="checkbox"/> Mycophenolate <input type="checkbox"/> Azathioprine <input checked="" type="checkbox"/> Steroid
Steroid:	<input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Withdrawal (due to psychosis post-transplant)
Current Maintenance (include dose, route, and frequency):	Tacrolimus 2mg oral tabs in AM and 3mg oral tabs in PM Mycophenolate mofetil 750mg oral tabs twice a day
History of Intolerance/Side Effects:	Post-transplant psychosis possibly secondary to steroids

Tacrolimus (mcg/L) Cyclosporine (mcg/L) Trough Level:

Date	7/11/2019	7/15/2019	7/18/2019	7/22/2019	7/25/2019	7/29/2019	8/1/2019	8/5/2019	8/8/2019
Level	8.1	7.3	8.6	5.1	5.1	5.0	4.8	5.2	5.7

Sirolimus (mcg/L) Everolimus (ng/L) Trough Level:

Date	8/2/2019	8/3/2019	8/4/2019	8/5/2019	8/6/2019	8/7/2019	8/8/2019	8/9/2019	8/10/2019
Level	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

CURRENT MEDICATIONS

Medication (Name, Dose, Route, Frequency)	Medication (Name, Dose, Route, Frequency)	Medication (Name, Dose, Route, Frequency)
Valganciclovir 450 mg P.O. Tuesday and Fridays (renal/dialysis dosing) for 3 months after transplant	Bumetanide 2mg P.O. twice a day	Fluconazole 400mg P.O. every Wednesday for 1 month after transplant
Tacrolimus 2 mg, P.O. in AM and 3mg P.O. in PM	Mycophenolate mofetil 750mg P.O. twice a day	Sertraline 50mg P.O. daily
Aspirin 81mg P.O. daily	Sulfamethoxazole-trimethoprim 800-160mg P.O. every Monday, Wednesday, Friday for 6 months after transplant	Famotidine 20mg P.O. daily

LIVER LAB RESULTS:

Ref. Range	Aspartate transaminase Latest Ref Range: 10 - 40 U/L	ALT Latest Ref Range: 0 - 47 U/L	Alkaline Phosphatase Latest Ref Range: 37 - 117 U/L	Bilirubin, Total Latest Ref Range: 0.2 - 1.2 mg/dL
6/15/2019 2221	47 ▲	35	153 ▲	2.0 ▲
6/16/2019 1542	10,595 * ▲	1,190 ▲	141 ▲	5.8 ▲
6/16/2019 1915	18,040 * ▲	1,147 ▲	427 ▲	5.9 ▲
6/16/2019 2201	23,300 * ▲	1,391 * ▲	895 ▲	8.0 * ▲
6/17/2019 0038	24,080 * ▲	1,437 * ▲	1,206 ▲	6.3 * ▲
6/17/2019 0615	22,600 * ▲	1,503 * ▲	1,593 ▲	6.3 * ▲
6/17/2019 1232	8,320 * ▲	554 * ▲	562 ▲	3.0 * ▲
6/18/2019 0334	5,740 * ▲	414 ▲	413 ▲	6.9 ▲
6/18/2019 0939	3,360 * ▲	510 ▲	250 ▲	4.2 * ▲
6/18/2019 1244	3,365 * ▲	525 ▲	252 ▲	3.7 * ▲
6/19/2019 0353	1,281 * ▲	329 ▲	185 ▲	2.0 ▲
6/20/2019 0327	381 ▲	208 ▲	156 ▲	1.6 ▲
6/21/2019 0327	153 ▲	141 ▲	148 ▲	1.8 ▲
6/22/2019 0344	82 ▲	99 ▲	147 ▲	1.7 ▲
6/23/2019 0347	43 ▲	56	114 ▲	2.1 ▲
6/24/2019 0326	30	33	114 ▲	1.6 ▲
6/25/2019 0326	27	22	116 ▲	1.0
6/26/2019 0431		15	102 ▲	1.1
6/26/2019 1120	20	14	117 ▲	0.8
6/27/2019 0454	17	11 ▼	119 ▲	1.1
6/28/2019 0444	20	11 ▼	74	0.9
6/29/2019 0617	17	10 ▼	69	1.2
7/1/2019 0950	11	5	67	0.6

Ref. Range	Lactate, whole blood Latest Ref Range: 0.5 - 2.0 mmol/L
6/16/2019 0607	0.9
6/16/2019 0843	3.6 ▲
6/16/2019 0912	3.9 ▲
6/16/2019 0925	4.3 ▲
6/16/2019 0953	6.2 ▲
6/16/2019 1012	7.1 ▲
6/16/2019 1057	9.5 ▲
6/16/2019 1129	10.3 ▲
6/16/2019 1140	11.7 ▲
6/16/2019 1158	10.8 ▲
6/16/2019 1218	11.5 ▲
6/16/2019 1245	12.7 ▲
6/16/2019 1309	13.2 ▲
6/16/2019 1333	13.4 ▲
6/16/2019 1414	14.0 ▲
6/16/2019 1623	13.1 * ▲
6/16/2019 1727	15 * ▲
6/16/2019 1835	15 * ▲
6/16/2019 1916	17 * ▲
6/16/2019 1957	18 * ▲
6/16/2019 2038	18 * ▲
6/17/2019 0038	25 * ▲
6/17/2019 0219	27 * ▲
6/17/2019 0743	24 * ▲
6/17/2019 0836	25 ▲
6/17/2019 0902	26 ▲
6/17/2019 0933	> 28
6/17/2019 1004	> 28
6/17/2019 1006	> 28
6/17/2019 1122	> 28
6/17/2019 1236	> 28 *
6/17/2019 1408	25 * ▲
6/17/2019 1506	20 * ▲
6/17/2019 1615	20 * ▲
6/17/2019 1736	18 * ▲
6/17/2019 1950	19 * ▲
6/17/2019 2210	19 * ▲
6/18/2019 0059	13.3 * ▲

6/18/2019 0500	11.8 ▲
6/18/2019 0535	11.3 ▲
6/18/2019 0500	11.1 ▲
6/18/2019 0527	10.5 ▲
6/18/2019 0552	9.9 ▲
6/18/2019 0727	9.9 ▲
6/18/2019 0757	9.5 ▲
6/18/2019 0843	9.2 ▲
6/18/2019 1118	6.0 * ▲
6/18/2019 1244	4.6 * ▲
6/18/2019 1439	3.7 ▲
6/18/2019 1525	3.7 ▲
6/19/2019 0509	1.3
6/19/2019 1523	1.2
6/20/2019 1513	1.1

Ref. Range	pH, Blood Latest Ref Range: 7.35 - 7.45
6/16/2019 0607	7.40
6/16/2019 0843	7.31 ▼
6/16/2019 0912	7.29 ▼
6/16/2019 0925	7.28 ▼
6/16/2019 0953	7.14 ▼
6/16/2019 1012	7.19 ▼
6/16/2019 1057	7.15 ▼
6/16/2019 1129	7.21 ▼
6/16/2019 1140	7.14 ▼
6/16/2019 1158	7.15 ▼
6/16/2019 1218	7.16 ▼
6/16/2019 1245	7.19 ▼
6/16/2019 1309	7.19 ▼
6/16/2019 1333	7.18 ▼
6/16/2019 1414	7.21 ▼
6/16/2019 1623	7.19 * ▼
6/16/2019 1727	7.12 * ▼
6/16/2019 1835	7.10 * ▼
6/16/2019 1916	7.18 * ▼
6/16/2019 1957	7.16 * ▼
6/16/2019 2038	7.22 ▼
6/16/2019 2201	7.19 * ▼
6/17/2019 0038	7.27 ▼
6/17/2019 0125	7.26 ▼
6/17/2019 0219	7.25 ▼
6/17/2019 0356	7.22 ▼
6/17/2019 0615	7.25 ▼
6/17/2019 0743	7.26 ▼
6/17/2019 0836	7.23 ▼
6/17/2019 0902	7.31 ▼
6/17/2019 0933	7.29 ▼
6/17/2019 1004	7.27 ▼
6/17/2019 1006	7.27 ▼
6/17/2019 1122	7.38
6/17/2019 1236	7.39
6/17/2019 1408	7.42
6/17/2019 1506	7.47 ▲
6/17/2019 1519	7.41

IMAGING RESULTS

<p>Date: 6/16/2019 Type: Abdominal/Graft duplex Result:</p> <ul style="list-style-type: none"> - Normal echogenicity of transplanted liver - PV diameter 9mm with normal waveforms - HA normal waveforms - HV normal waveforms - IVC normal waveforms - Perihepatic hematomas (280cc, 190cc, and 50cc) 	<p>Date: 6/16/2019 and 6/18/2019 Type: Transthoracic Echocardiogram Result:</p> <ul style="list-style-type: none"> - Normal LV function with estimated ejection fraction 65-70% - Normal RV volume and function 	<p>Date: 6/18/2019 Type: CT Head Result:</p> <ul style="list-style-type: none"> - No acute abnormality (and no evidence of significant cerebral edema or evidence of herniation)
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PATHOLOGY RESULTS

<p>Date: 6/24/2016 Pre-Transplant</p> <p>Tissue Type: Liver core-needle bx</p> <p>Histological-pathological diagnoses:</p> <p>Consistent with cirrhosis and HCC</p>	<p>Date: 6/16/2019 Index Transplant</p> <p>Tissue Type: Native Liver Explant Liver weight 1673 grams</p> <p>Histological-pathological diagnoses:</p> <ul style="list-style-type: none"> - Cirrhosis of liver - Multifocal HCC <ul style="list-style-type: none"> - 7 total tumors - All in R lobe - 3 viable tumors (1.5cm, 0.8cm, 1.6cm) - Moderate to poorly differentiated - Total diameter of all HCC foci: gross 14cm (viable 3.9cm) - No vascular invasion - No perineural invasion - No tumor in capsule - No local extension - Negative margins (>3cm hilar margin) - Nodes: none present - AJCC Stage: ypT2NX 	<p>Date: 6/17/2019 Graft-Explant</p> <p>Tissue Type: Transplant Liver Explant</p> <p>Histological-pathological diagnoses:</p> <p>Extensive hemorrhagic necrosis involving multiple acini with areas of bridging and panacinar necrosis. The morphologic findings are consistent with ischemic injury. There is no evidence of primary liver disease.</p>
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