Result: The mean initial iso-agglutinin IgG titer was 131 (range, 4～512) and initial iso-agglutinin IgG titer in recipient blood type O was higher than in another blood types. Pre-transplant plasma exchanges were performed in all recipients with more than target titer (mean number of sessions, 2.32 (range, 1～5)). Post-transplant plasma exchanges were performed in 3 patients because of higher target isoaaglutinin titer (> 1:64), but none had antibody mediated rejection. Biliary complications were identified in 8 patients, but all was anastomotic site stricture. Acute cellular rejection was confirmed in one patient and resolved by steroid pulse therapy.

Conclusion: Both rituximab and plasma exchange along are one of desensitization strategies to eliminate the risk of antibody mediated rejection and our results were also comparable to ABO-identical or compatible LDLT. Hence, we believe that complex protocols including splenectomy, intravenous immunoglobulin, and local infusion therapy are not necessary in most ABOi LDLT.

[O-2020]
IS LEFT LOBE LDLT ADEQUATE FOR PATIENTS WITH A UNSUITABLE RIGHT LOBE DONOR

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Introduction: Left lobe is not a routinely used graft in adult living donor liver transplants, due to the smaller size. This causes a certain shortage of the available grafts , and also rejection of the donor , in whom the right lobe graft, is not feasible. A left lobe graft is a possible alternative in such patients. The aim of this study is to evaluate the possibility of a left lobe graft in adult LDLTs.

Method: we have analysed retrospectively of the all the LDLTs at our centre from January 2014 to January 2018, a comparison was made between the right and left lobe transplant patients. The left lobe transplants were offered to recipients , for whom the RL donation was not feasible. Outcomes of the donors were also analysed. The statistical analysis was done using unpaired t-test for continuous variables and Chi square test for nominal variables.

Result: The left lobe graft was most commonly used in the small right lobe donors .LL grafts had a shorter cold ischemia time(69.54±32.44mins vs 107.35±45.02mins, p=<0.0001), shorter surgery times for the donor and the recipients , SFSS (10.2% vs 6.6% ,p=0.38) and. The donor hospital stay was significantly less in LL (10.05±1.07 days 10.42±2.0,p value <0.04). 1 year survival and the other post operative parameters of the LL comparable to the RL.

Conclusion: The left lobe LDLT is a viable alternative in donors whose right lobe donation is not feasible. We found the morbidity and mortality of the LL are similar to that of the right lobe , and the chances of the SFSS , is statistically comparable . It is superior in donor safety and comparable with the RL in recipient outcomes.

[O-2105]
VALIDATING A NEW SOFTWARE FOR 3D RECONSTRUCTION AND VOLUMETRIC ANALYSIS IN LIVING DONOR LIVER TRANSPLANTATION

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Introduction: In living donor liver transplantation setting, accurate estimation of graft to recipient weight ration(GRWR) and future donor liver remnant with preoperative volumetric assessment of the donor liver is essential for safe and successful procedure for both donors and recipients. Here we present a validation study using the new 3D reconstruction and volumetric analysis software we have developed, in LDLT setting.

Method: The study cohort consisted of 106 grafts between January 2016 to January 2019. The 3Dimensional reconstruction using a semi-automated software called Livervision was used for volumetric analysis of estimated graft weight(EGV). Actual graft weight(AGW). measurements were obtained with a digital weight scale that the graft was immediately put on after being harvested from donor. Pearson correlations were calculated and Bland Altman plot was used for assessing the agreement between estimated graft volume and actual graft weight.

Result: There were 82 right lobe (RL), 16 left lobe (LL) and 8 left lateral sector (LLS) grafts. There was a statistically significant correlation between EGW and graft weight (r=0.905, p<0.001). The Mean difference between Liver Vision volume and graft weight was found to be -24.9 ml. 101 of the 106 (95.3%) measurements were also within The 95% ranges of agreement between Liver Vision volume and graft weight according to Bland-Altman method.

Conclusion: The newly developed semiautomated " Livervision" Software accurately predicts the graft weight in LDLT setting.

[P-2012]
NEUTROPHIL-TO-LYMPHOCYTE RATIO PREDICTS ACUTE CELLULAR REJECTION IN LIVING DONOR LIVER TRANSPLANTATION

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Introduction: Liver biopsy is the gold standard for diagnosis of acute cellular rejection (ACR); however, its invasiveness is associated with post-procedure complications. The neutrophil-to-lymphocyte ratio (NLR) predicts poor prognosis in several conditions including transplantation. The aim of the study was to evaluate the effectiveness of NLR in prediction of ACR after living donor liver transplantation (LDLT).