
APASL 2018 İSTANBUL
APASL
Single Topic Conference
September 27-29, 2018
Swissotel, İstanbul
Non Responders:
Chronic Viral Hepatitis
Liver Cirrhosis
HCC
ABSTRACT BOOK
www.apasl-stc2018.org

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Liver Cirrhosis
HCC

13.07.2018

Dear Dr. Evren Üstüner,

It is our pleasure to invite you to participate in the "APASL Single Topic Conference" which will be held on September 27-29, 2018 in Istanbul, Turkey.

We would be honored to have you be a speaker under the topic '**Post Transplant Vascular Problems**', which will be held on September 27, 2018.

The Society of Hepato-Bilio Pancretology would be pleased to cover accommodation and travel expenses.

If you have any questions about the congress do not hesitate to contact with us or the D Event office. We look forward to hearing from you at your earliest convenience.

With Kind Regards,

Honorary President
Prof. A. Kadir Dökmeci M.D.

Congress President
Prof. Necati Örmeci M.D.

Congress Secretary
Prof. Mehmet Arhan M.D.

Honorary President
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Congress President
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Welcome...

Dear Distinguished Reader,

Asian Pacific Associated Study of Liver (APASL) Single Topic Conference in title "Non Responders" will be held on 27th-30th of September, 2018 in İstanbul. Unmed need treatments about viral hepatitis B, C, D, liver cirrhosis, Hepatocellular Carcinoma, Liver transplantation, Auto-immune hepatitis and Non alcoholic Steatohepatitis will be discussed by experts from all over the world.

This book was prepared by the abstract of Speakers. I hope will be usefull for the readers.

Best regards

Prof Dr Necati Örmeci
President of APASL STC. İstanbul 2018.



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CERTIFICATE OF APPRECIATION

Presented to

EVREN ÜSTÜNER

in recognition of his / her
great scientific contributions to the
"APASL Single Topic Conference"
held at Swissotel in İstanbul, Turkey
between the dates of September 27-29, 2018.

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Congress Secretary

Prof. Necati Örmeci M.D.
Congress President

Prof. A. Kadir Dökmeci M.D.
Honorary President

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27 September, Thursday · Courses

Salon B

	LIVER TRANSPLANTATION COURSE
	Course Directors: A. Kadir Dölmacı, Ahmet Gürsoy, Deniz Balcı
13:00 - 14:20	Session I
	Chairs: Obaid Shaikh, Zeki Karasu, Mesut Akarsu
13:00 - 13:20	Patient Selection and Preparation for Liver Transplantation **Ramazan İdilman**
13:20 - 13:40	Living Donor Liver Transplantation in Portal Vein Thrombosis **Burak Işık**
13:40 - 14:00	LDLT or DDLT in Acute Fulminant Liver Failure **Cüneyt Kayaalp**
14:00 - 14:20	LDLT or DDLT in Hepatocellular Carcinoma **Deniz Balcı**
14:20 - 14:30	Discussion
14:30 - 15:00	BREAK
15:00 - 16:30	Session II
	Chairs: Musa Akoğlu, Deniz Balcı, Murat Akdağ
15:00 - 15:20	Immunosuppressive Treatment in Liver Transplantation Suna Yapalı
15:20 - 15:40	Pre-post Transplantation in HBV treatment **Zeki Karasu**
15:40 - 16:00	The Treatment of RAVs for Transplanted Patients **Ahmet Gurakar**
16:00 - 16:20	Prediction of Acute and the Chronic Rejection of Transplanted Liver **Murat Akyıldız**
16:20 - 16:30	Discussion
16:30 - 17:00	COFFEE BREAK
17:00 - 18:30	Session III
	Chairs: Kubilay Çınar, Bülent Özdemir, Kadir Akada
17:00 - 17:20	Post Transplant Bile Duct Problems **İlker Turan**
17:20 - 17:40	Post Transplant ERCP in Difficult Cases **İrfan Kanık**
17:40 - 18:00	Post Transplant PTC **Ramazan Kutlu**
18:00 - 18:20	Post Transplant Vascular Problems **Evren Oetüner**
18:20 - 18:30	Discussion

POST LIVER TRANSPLANT VASCULAR PROBLEMS

Evren Üstüner, MD

Ankara University, School of Medicine

Hepatic artery anastomosis is the most important vascular structure to examine following liver transplantation because biliary system vascularization solely depends on hepatic artery patency. Hepatic artery failure leads to graft loss and mortality in a very rare but a catastrophic complication related sacrifice of some minor hepatic veins encountered in living organ transplantation leading to loss of corresponding drained parenchyma. This is usually clinically silent unless extensive thrombotic involvement of veins occurs due to size mismatch or surgical complications of the donor graft and often come to clinical concern late in the course. Hepatic artery, portal vein stenosis are often treatable lesions but one should also look for IVC obstruction as a rare cause of liver failure.

Doppler ultrasound is a helpful tool in assessment of vascular anastomoses during surgery. Immediate postsurgical imaging can be made by Doppler ultrasound on bedside and CT angiograms with contrast can be tailored solely for examination of vascular structures. Pseudoaneurysms especially at the hepatic artery anastomosis may be encountered.

Treatment for the vascular problems is often surgical and may cause retransplantation but interventional radiological treatments are helpful in many and may serve to save the graft.

A rare steal syndrome should also be kept in mind which may cause liver failure in the days following liver transplantation even though vascular anastomoses are intact, which is splenic artery steal.. An enlarged spleen with an hyperdynamic circulation and enlarged splenic artery may steal hepatic arterial flow and decrease flow to the liver graft. This type of steal is not limited to splenic artery but rarely may extend to gastroduodenal artery and gastric arteries as well. Interventional embolization therapies are helpful in resolving this problem.