

Review of borderline donors in liver transplantation

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1. Which donors cannot be considered for liver bipartition?

- a. Less than 30 years of age
- b. Hemodynamically stable
- c. Normal or slightly altered liver function tests
- d. Liver with a slight degree of steatosis on macroscopic examination

2. Which one of the following is among the situations that do not favor the use of a donor with expanded criteria in children?

- a. Lack of organs available for transplantation
- b. Growing demand
- c. Contraindication to the use of split-liver
- d. Possibility of using a live donor with comparable graft and receptor survival

3. Which are the risks of bacterial, fungal, or protozoal disease transmission by organ donors?

- a. Cytomegalovirus infection is common in the postoperative period of liver transplant
- b. A donor with positive toxoplasmosis serology is a contraindication for transplantation
- c. A donor with malaria does not pose risk to the receptor
- d. Any infection is a contraindication for liver transplantation

4. What is the risk of using liver grafts from seropositive donors for hepatitis B and C?

- a. Positive anti-HBs receptors have a high risk of *de novo* infection
- b. The use of anti-HBc positive grafts in seropositive receptors does not change their survival rate
- c. The relapse rate of HCV positive grafts is higher than HCV negative
- d. Seropositive grafts cannot be used in receptors who are carriers of HCV

5. What is the importance of the disproportion between the donor liver and that of the receptor?

- a. A volume higher than 40% of the estimate ideal liver volume prevents a small-for-size syndrome
- b. The presence of ascitis can increase the safety margin of using larger grafts
- c. When the relationship between the weight of the donor and that of the receptor is higher than two, one can use the whole graft
- d. When the relationship between the weight of the donor and that of the receptor is below two, reduction or split of the graft is recommended

ANSWERS OF THE CLINICAL PICTURE: SEPSIS: HEMODYNAMIC RESUSCITATION

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1. Early goal-guided hemodynamic resuscitation is recommended for patients with severe sepsis with hypotension refractory to volume and/or elevated serum lactate (≥ 4 mmol/l) (answer A)
2. Regarding the ideal vasopressor, the association of vasopressin with noradrenalin does not have benefits on mortality (Answer B)
3. Regarding the use of inotropics in septic patients with signs of myocardial dysfunction, dobutamina is the inotropic of choice (Answer C)
4. Regarding monitoring of central venous oxygen saturation (ScvO₂), the objective of the treatment based on early normalization of ScvO₂ is to adequate oxygen delivery to consumption (Answer D)
5. Regarding the prognostic advantages of monitoring SvCO₂ after the resuscitation phase, the goal should be fulfilled as early as possible, preferentially in the first 6 hours of treatment (Answer C)