

group showed higher intensity of relative HGF expression ($P=0.001$).

Conclusions: According to our observation, we suggest that splenectomy can increase liver regeneration in rats after hepatectomy according to the amount of liver resection, namely in 90% hepatectomy but not in 70% hepatectomy.

13

Effectiveness of Intraportal Prostaglandin E1 Administration after Liver Transplantation

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Purpose: Prostaglandin (PG) E1 has been used to improve hepatic blood flow and to reduce ischemia reperfusion injury of allograft in liver transplantation. However, PGE1 undergoes extensive metabolic clearance in the pulmonary and splanchnic circulation during intravenous administration, and the concentration of PGE1 reaching the hepatic allograft is much decreased. This study analyzed the effect of intraportally administered PGE1 on hepatic blood flow and allograft function following adult liver transplantation.

Methods: Sixty living or deceased donor liver transplant recipients received continuous infusion of PGE1 (0.73 mcg/kg/hr) for 10 days immediately after reperfusion of the allograft. Of them, forty recipients received intravenously (IV group) via internal jugular vein, and the rest twenty recipients received intraportally (IP group) through the catheter in the inferior mesenteric vein. Postoperative three-week data were collected. We investigated the incidence of venous catheter related complication, change in perihepatic hemodynamics, and postoperative laboratory parameters.

Results: In IP group, chylorous ascites was observed more frequently (20% vs. 5%; p -value=0.005). During the first postoperative week, there was no difference in hepatic arterial and portal venous flow measured by Doppler sonogram between two groups (p -value=1.000). IP group exhibited a lower initial aspartate aminotransferase (AST) and alanine aminotransferase (ALT) level compared with IV group (239.4 ± 120.9

IU/L vs. 354.6 ± 244.0 IU/L; p -value=0.029 and 268.1 ± 152.1 IU/L vs. 397.3 ± 282.9 IU/L; p -value=0.012). Whereas, there was no significant difference in the change with time of these aminotransferase levels between IV and IP groups. No apparent differences were recognized in terms of serum albumin, total bilirubin, alkaline phosphatase (ALP), γ -glutamyl transpeptidase (GGT) and prothrombin time (PT) level between two groups.

Conclusion: This study demonstrated that intraportal administration of PGE1 had a better cytoprotective effect against hepatocellular damage than intravenous administration, although it did not have additional benefit for perihepatic hemodynamics.

14

Donor Morbidity Including Biliary Complication in Living Donor Liver Transplantation: A Single-center Analysis of 827 Cases

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Purpose: Considering straitened circumstances for deceased donor, living donor liver transplantation (LDLT) has been established as an indispensable surgical strategy to treat patient suffering end stage liver disease. The critical prerequisite to performing LDLT is maximal safety of the healthy live liver donor.

Methods: From May 1996 to June 2010, a total of 827 completed donor hepatectomy were performed in our center. Of these, 697 (84.3%) were adult LDLT. Different type of grafts were obtained: 690 right lobes, 7 extended right lobes, 1 right posterior section, 18 left lobes, 2 extended left lobes, and 108 left lateral segments. We analyzed the donor morbidity associated LDLT.

Results: There was no donor mortality. No complication was observed in 744 (90.0%) donors. But, 83 (10.0%) of donors experienced complications. Most common complication was wound infection or dehiscence with a incidence of 48 (5.8%). Biliary complication was occurred in 16 (1.9%) donors, which consisted of 10 bile leakages and 6 biliary strictures. The