duct has not been proven to improve the surgical outcomes in patients with macroscopic bile duct thrombi without direct bile duct wall invasion. Therefore, it seems not absolutely necessary to remove the bile duct thrombi together with extrahepatic bile ducts in this type of HCC, unless the thrombi invasion to the bile duct wall is suspected or confirmed.

22

Case Report: Living Donor Liver Transplantation for HEV Fulminant Hepatitis

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Acute hepatitis E is an endemic disease, commonly reported in Indian subcontinent, China, Africa, Central America, and so forth. Epidemics due to HEV mostly originate from contaminated water and the virus is transmitted by fecal oral way. It is generally accepted that hepatitis E is mostly self-limited and never progresses to chronicity. Hepatitis E virus (HEV) clinical presentations range from asymptomatic infection to fulminant hepatitis which is frequently seen in pregnant women, And it has a higher mortality in pregnant women where the disease condition is accentuated with the development of fulminant liver disease. In Korea, Hepatitis E is rarely reported. Moreover, sporadic acute hepatitis E without travel history to HEV-endemic area is very rare. We experienced one sporadic case of fulminant hepatitis E, without travel history. A 64-year-old female housewife, living in small village with no history of alcohol consumption and no close contact with animals was admitted in Asan Medical Center with itching sence and jaundice. Biochemical parameters on admission were as follows: total bilirubin=10.6 mg/dl; aspartate aminotransferase (AST)=1,668 U/L (reference value <19 U/L); alanine aminotransferase (ALT)=1,881 U/L (reference value <23 U/L); and lactate dehydrogenase (LDH)=532 U/L (reference value <140 U/L). Liver synthetic function, as defined by international normalized ratio (INR) estimation, was 1.2. After 6 days total bilirubin=37.3 mg/dl; AST/ALT=234/306 U/L and INR=7.79. Serologic study showed that Anti-HEV IgM was not detected and Anti-HEV IgG antibodies was positive in the serum. Serologic studies of HBV, HCV, and HAV showed all negative finding. This patient was diagnosed with fulminant hepatitis due to HEV and Emergency living donor transplantation was performed. 7 days after operation, this patient is recuperating well and liver function is good. Biochemical parameters are total bilirubin=5.3 mg/dl, AST/ALT=19/70 U/L and INR=1.02. When we carry out the serologic tests for diagnosis of acute hepatitis, we must consider HEV hepatitis.

23

Successful Treatment of Colonic Mucormycosis after Liver Transplantation

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Purpose: Mucormycosis (MMC) is a frequently lethal invasive fungal infection in high-risk patients such as the immunocompromised and patients with diabetes mellitus. MMC after liver transplantation (LT) is rare but carries a very high mortality, being reported as high as 98% for gastric MMC. The hypae have a special affinity for blood vessels, which may explain the clinical presentation of the colonic infection as an ischemic colitis pattern. The authors experienced a case of colonic MMC in a LT recipient that was managed successfully. We want to discuss about its clinical presentation, diagnosis and treatment.

Methods and Results: A 41-year-old male underwent deceased-donor LT for hepatocellular carcinoma and HBV liver cirrhosis. He suffered from diabetes for 26 months but withheld insulin therapy for the last several months of his own will. The LT procedure was done uneventfully. His initial postoperative recovery was uneventful except poor control of blood sugar level. Even with infusion of high dose of insulin, his blood sugar level rose up to 497 mg/dl and was controllable at around 200 mg/dl since 48 hours after the operation. Triple immunosuppressant of steroid,