

TREATMENT OF END-STAGE LIVER DISEASE IN THE JSC NATIONAL SCIENTIFIC CENTER FOR ONCOLOGY AND TRANSPLANTOLOGY, ASTANA: VIEWS AND PERSPECTIVES

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Introduction: End-stage liver disease represents a major healthcare problem worldwide and in Kazakhstan, carrying a high risk for mortality. Around 1000 patients with end-stage liver disease need liver transplantation in Kazakhstan, more than 50 of them dying yearly without being transplanted.

Methods: results of various treatment options for end-stage liver disease patients, treated in JSC National Scientific Center for oncology and transplantology since June 2013 so far, were reviewed.

Results: total of 18 liver transplantations, including 6 from cadaveric and 12 from live donors, were performed in our clinic since June 2013, so far. Etiology of liver disease was as follows: HCC (due to nonalcoholic steatohepatitis in 2, hepatitis B in 1) 3 patients, liver cirrhosis (due to alcoholic liver disease in 3, hepatitis C in 2, hepatitis B+D in 6, autoimmune hepatitis in 1, primary biliary cirrhosis in 2 and autoimmune hepatitis and hepatitis B in 1) 14 patients, remaining was 7-year old pediatric patient with biliary atresia. Out of 18 transplanted patients, 2 have succumbed in the early post-operative period due to hemorrhage, remaining 16 are followed-up, counting up to 32 months of disease and rejection-free survival.

Since the establishment of hepatology beds at department of general therapy in June 2015, total of 122 patients with liver cirrhosis and hepatocellular carcinoma were treated so far up to February 2016. Methods of treatment of hepatocellular carcinoma included transarterial chemoembolisation used 10 times in 6 patients, 1 patient has succumbed after 3 months of being diagnosed. Treatment options for portal hypertension in 113 liver cirrhosis patients included: esophageal varices ligation and sclerotherapy in 45 patients, splenic artery and esophageal varices embolisation in 22 patients with no complications dated and treatment with beta blockers in the rest of the patients. Out of 113 patients, 1 has succumbed due to the disease progression since start of follow-up in June 2015.

Conclusion: liver transplantation is the only viable option for end-stage liver disease patients. Portal hypertension treatment options using endoscopic and endovascular methods may provide sufficient short-term effect with good safety profile while being waitlisted, thus making liver transplantation available for more patients.