

**THE IMPACT OF THE RESULTS OF THE MORPHOLOGICAL STUDY OF THE LIVER
IN THE POSTTRANSPLANT PERIOD ON THE TACTICS OF IMMUNOSUPPRESSIVE
THERAPY**

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Analysis of the results of liver transplantation showed an improvement in survival rates. This is due to the improvement of surgical and anesthetic methods of post-transplant management, relapses and other complications after transplantation. Long-term immunosuppression is required to avoid severe acute and chronic rejection and graft loss. With the current immunosuppression protocols, the risk of acute rejection requiring additional therapy is 10-40% and the risk of chronic rejection is below 5%. However, the development of histological lesions in the graft in long-term survivors suggest atypical forms of graft rejection may develop as a consequence of under-immunosuppression.

Material and methods: For 5.5 years, a biopsy was performed in 28 patients who has abnormal rates of liver function after liver transplantation, among them 19 women, 9 men including 1 child of 6 years. The cause of terminal liver disease in these patients in 35,7% was viral hepatitis D, in 21,4% - primary biliary cirrhosis, 17,85% were patients with hepatitis B virus, 14,2% were patients with hepatitis C virus and 10,7 % - patients with autoimmune hepatitis.

Results. The result of a morphological study of the liver showed that in most cases, 50% in patients with changes in biochemical parameters, acute and chronic rejection is diagnosed. Biliary complications were found in 10.7% of cases. Recurrent liver diseases were confirmed in 17,9 % of patients after liver transplantation. Among patients in 3.6% of cases confirmed cholangitis. 7.1% of patients were diagnosed with liver steatosis.

Conclusion. Morphological diagnosis is crucial for the diagnosis of complications in the posttransplantation period and provides a personalized approach to the therapy of patients who underwent liver transplantation