Immunosuppression and Tolerance in Adult Liver Transplantation

A literature review on the immunosuppression-drugs after a liver transplantation; how to best provide safe treatment and good quality of life.

Keywords: Transplantation, Immunosuppression, Litteraturstudy

Thesis 2019. Tora Almendingen, MK-14
Mail: tal019@post.uit.no
Supervisor: Geir Ivar Nedredal
Background

• Long-term management issues in liver transplantation (LTx) recipients; quality of life, complications related to immunosuppressants (IS), co-morbidities and recurrent disease.
• Hepatitis B/C, HCC, Alcoholic liver, non-alcoholic fatty liver, genetic diseases affecting the liver or bile ducts.

1. Induction of the liver transplantation
2. Maintenance of the organ
3. Reversal of organ rejection

Material and Methods

- Search in PubMed;
  - ("Liver Transplantation"[Mesh]) AND
  - "Immunosuppression" [Mesh].
- The selected studies were assessed for scientific quality and relevance for the thesis

- Table of Articles:
Results and Discussion

• Systemic steroids - increases risk factors of morbidity and mortality.
• Minimize the use of steroid-based IS to improve patient’s quality of life.
• It is important to comprehend the hepatic disease and the patient, as well as understanding the efficacies, side effects and interactions of IS medication.

➢ De novo malignancy, HCC recurrence, cardiovascular risk, rejection rates.
• The patient group is very complex, making it a challenge comparing the result in different studies with different IS, as the reason for liver failure have a lot to say for graft rejection and patient survival, especially for complication accruing with lifelong IS.
Conclusion

- Complex population; diverse and serious underlying medical concerns that have the potential to adversely affect posttransplant outcomes.
- A general IS therapy lead to a greater rejection rate.
- Individualized therapy.
- A need for more clinical studies (RCT), that can help us finding the best immunosuppressive treatment for liver transplanted patients.