



The impact of high-sensitive troponin levels during liver transplantation on postoperative course: prelimilary results

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Background and	Goal of study	Materials and methods
Liver transplantation (LT) is asso postoperative complications.	ociated with high rate o	 184 adult patients undergoing LT Excluded: patients undergoing retransplantation and those with elevated basal troponins.
Althought recent studies have den of perioperative biomarkers of myo <u>sensitivity troponin T (HS- T</u> postoperative outcome, there a <u>intraoperative</u> values of such ma transplant recipients. The goal of our study was to impact of intraoperative eleve postoperative course after live	nonstrated that an increase ocardial injury such as <u>high</u> (nT) is related with poo are no studies analyzing orkers in population of live vation of TnT on early er transplantation.	 MONITORING : Haemodynamic mesurements with PiCCO catheter. (Pulsion Medical Systems SE) Analysis - HS-TnT (Roche) 3 KEY MOMENTS: - hepatic disection - anhepatic phase - after graft implantation HS- Tnt >42 ng/L → highly suggestive of myocardial injury TWO GROUPS: HS-TnT <42 HS-TnT <42 HS-TnT >42 60' after graft reperfusion HS-TnT >42 <u>Statistical analysis:</u> U- Mann-Whitney - Chi².
Men	79%	Diagnosis
Women	21%	I3% Virus





	Results	
33.8% patients	\rightarrow HS-Tnt > 42 ng/L at 60 minutes after	graft reperfusion
Group H	IS-TnT > 42 ICU stay (days)	(hours)
Hs- Tnt (ng/L)	Mechanical ventilation (hours)	ICU stay (days)
	32.6 (12.7 – 52.5)	4,4 (3,4 – 5,3)
> 42		
> 42 < 42	18,7 (12,9 – 24,5)	3,5 (3,1 – 3,9)

(Cardiac Index, CFI, and ECGs showed no significant changes).

Conclusions

1-Troponin elevation during liver transplantation predicts early complicated postoperative course (prolonged mechanical ventilation and ICU stay).

2- It seems to have prognostic value enabling prediction of clinical deterioration before other measurable derangements occur, and allows for earlier adaptation of anaesthetic management to patient individual requirements.