



Hepatology Highlights

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Schaeffer DF, et al. Surgical morbidity in severely obese liver transplant recipients - A single Canadian Centre Experience

The aim of this study was to determine the effect of obesity on outcomes following liver transplantation in a single centre. The authors reviewed 167 liver transplants, performed between in a four year period. One hundred forty three transplants were performed in patients with a body mass index (BMI) < 30 kg/m², 14 in patients with a BMI of 30–34 kg/m², and 10 in patients with a BMI > 35 kg/m², 14 in patients with a BMI of 30–34 kg/m², and 10 in patients with a BMI > 35 kg/m². In the early postoperative course severely obese patients had a higher rate of wound infection (20 vs 4%, p = 0.0001) and wound dehiscence (40 vs 1.2%, p = 0.0001). Within the first twelve postoperative months severely obese liver transplant recipients had a higher rate of ventral wound herniation (30 vs 2.8%, p = 0.0001) when compared to obese or non-obese recipients. Finally, the one-year graft and patient survival were similar to non-obese patients.

The increasing prevalence of obesity appears to be a global phenomenon. In fact, over the last decade, the prevalence of obesity in Western and Westernizing countries has more than doubled. Interestingly, the United Network for Organ Sharing database from 1988 to 1996

showed that 16.8% of liver transplant recipients had BMI 30 kg/m² and of these 5.3% were severely obese (BMI 35 kg/m²) and 2.1% were morbidly obese (BMI 40 kg/m²).¹ More recently Pelletier et al.² observed that patients underwent transplantation between 2001 and 2004, 32.5% were obese, these data indicate the prevalence of obesity (BMI 30 kg/m²) has increased among liver transplant recipients.

The present study showed surgical morbidity in severely obese liver transplant recipients. The higher rates of both wound infection and dehiscence have an important clinical and financial impact of obesity on the outcome of liver transplantation. Unfortunately, this study has two limitations, the first limitation is that this study was carried out in a single centre and the second one is the short period of follow-up. However, this study contribute to understand other comorbidities that obese might develop.

References

1. Nair S, Verma S, Thuluvath PJ. Obesity and its effect on survival in patients undergoing orthotopic liver transplantation in the United States. *Hepatology* 2002; 35: 105-9.
2. Pelletier SJ, Schaubel DE, Wei G, Englesbe MJ, Punch JD, Wolfe RA, et al. Effect of body mass index on the survival benefit of liver transplantation. *Liver Transpl* 2007; 13: 1678-1683.