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Summary

CYTOMEGALOVIRUS INFECTION AND ACUTE CELLULAR REJECTION ARE ASSOCIATED WITH RISK OF RECURRENT PRIMARY SCLEROSING CHOLANGITIS AFTER LIVER TRANSPLANTATION

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Hepatobiliary

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In a single-centre retrospective study of 160 patients transplanted for PSC between 1996-2019, recurrent PSC occurred in 31.87% and was predicted by CMV infection, acute cellular rejection, and length of post-transplant hospitalization.

KEY POINTS

- Recurrent PSC was confirmed in 51 of 160 patients (31.87%) at a mean of 6.2 years post-transplant, and biliary strictures developed in 41.88% of patients.
- Multivariate analysis identified cytomegalovirus infection (HR 3.21), at least one episode of acute cellular rejection (HR 3.00), and length of hospitalization after transplant (HR 1.03) as statistically significant predictors of recurrent PSC.
- Graft failure requiring retransplantation occurred in 23 patients (15.22%), with recurrent PSC accounting for 78.26% of these cases at a median of 8.59 years.
- CMV infection (HR 5.00), PSC/AIH overlap syndrome (HR 6.4), and length of hospitalization (HR 1.04) were significant predictors of graft failure, with overall 5-year patient survival of 89.5%.
- This retrospective cohort study provides risk stratification data relevant to hepatologists and transplant specialists managing PSC patients post-transplant.

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