

LIVER TRANSPLANTATION

Outcomes could be improved in HCV–HIV co-infected liver transplant recipients

The findings of a recent study indicate that liver transplantation is effective in HCV–HIV co-infected recipients, but that there is room for improvement of outcomes.

“Patients with HCV–HIV co-infection have 3-year graft and patient survival rates that are about 10% less than for monoinfected controls,” explains Peter Stock, the study’s corresponding author.

Independent risk factors responsible for the difference in outcomes were identified as older donor age (the risk of graft loss increased for every decade increase in donor age), an HCV-positive donor, combined liver and kidney transplantation, and having a BMI less than 21. Patient and graft survival rates for co-infected recipients who had none of these factors were similar to those for monoinfected recipients.

“The unexpected finding was a higher incidence of rejection,” says Stock. Indeed,

HCV–HIV co-infected recipients were significantly more likely to experience acute rejection that required treatment than monoinfected recipients (39% versus 24% at year 3), with over half of first rejection episodes occurring within 21 days of transplantation.

Stock believes that outcomes for this patient population can be improved by careful donor and recipient selection—for example, by early referral of those with severe disease and consideration of living donor options to shorten time on the waiting list. “This study has identified strategies for improvement . . . and that will be the goal of future research.”

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