



## SUCCESSFUL PAEDIATRIC WHOLE LIVER TRANSPLANT



Baby Sreya (name changed) was noticed to have increasing jaundice starting from 6 weeks of age. A thorough diagnosis and systematic assessment was conclusive of the baby suffering from a rare congenital liver disease called Biliary Atresia where there are no bile ducts in the liver from birth. It is not known what causes the condition.

The family was in a rude shock as her health was continuously deteriorating. The infant underwent Kasai portoenterostomy (KPE) to connect the liver to the small intestine, going around the abnormal ducts. The procedure is the primary treatment with subsequent liver transplantation in failed cases. Post-surgery many children develop liver cirrhosis in first or second decade of their life.



**Dr. Vishnu Biradar, Paediatric Gastroenterologist & Hepatologist**

Baby Sreya came to us when she was 5 with complaints of jaundice, weakness and most importantly growth failure.

She had low platelet and albumin levels, esophageal varices, massive splenomegaly, and ascites which presented a classic picture of liver cirrhosis. The child had started decompensating and in the absence of a cure for the ailment, we offered them the option of liver transplant

Unfortunately, her parents and family members were not fit for a liver donation. So the family was suggested a cadaveric liver transplant option. Though, the chances of a suitable liver were slim, the patient was listed for a cadaveric donor. With luck by her side, the yearlong wait for Sreya ended in the first week of November 2022 with a whole liver donated by the family of a brain-dead child who met with an accident.

Once we received the liver donor, our team swiftly handled all the necessary preparations for the surgery. Surgical team included Dr. Manoj Shrivastava, Dr. Guruprasad Shetty, Dr. S S Bhalerao and Dr. Amol Jadhav, Dr. Bhagyashree Arbhi and Dr. Amit Bhargava were part of anaesthesia team during surgery.

**Dr. Manoj Shrivastava, Consultant - Transplant Surgeon**

“Surgery was technically challenging due to previous surgery, small size of blood vessels and bile ducts, and a possibility of size mis-match. Besides, the difference in weight and age presented difficulty in placing the liver in the abdominal cavity. However, the large size of the previous liver and fluid in the stomach helped to close the abdomen without any complications.”



Post-operative she was managed in liver transplant intensive care unit by Dr. Sushil Kumar Yadav and Dr. Guruprasad Bhosale. She had some medical challenges which were tackled by our team. Valuable suggestions were given by Dr. Pavan Hanchanale during post operative course.

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**JUPITER HOSPITAL PUNE HAS COMPLETED MORE THAN  
25 PAEDIATRIC LIVER TRANSPLANTS AND MORE THAN  
110 ADULT LIVER TRANSPLANTS TILL DATE**

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