



Interventional Cardiology

CORONARY ANGIOGRAPHY PRIOR TO LIVER TRANSPLANTATION: RESULTS AND CLINICAL IMPLICATIONS

Poster Contributions
Poster Hall, Hall A/B
Saturday, March 10, 2018, 10:00 a.m.-10:45 a.m.

Session Title: Complex Patients and Comorbidities: PCI Outcomes
Abstract Category: 19. Interventional Cardiology: Complex Patients/Comorbidities
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Background: Coronary angiography (CA) has been proposed for pre-operative evaluation in patients with risk factors for CAD prior to liver transplantation (LT).¹⁻⁴ We evaluated the effect of the of Model for End-stage Liver Disease (MELD) score and revascularization on outcomes in these patients.

Methods: We included consecutive patients undergoing CA from 2008-2017 for LT work-up. Demographic, clinical, laboratory and angiographic data were collected. Outcomes investigated were: mortality and myocardial infarction (MI) at 30 days, post procedural bleeding, transfusions, and acute kidney injury.

Results: 168 patients were included; 51 (30.4%) found to have obstructive CAD (O-CAD). There were no differences in age, sex, traditional cardiac risk factors or MELD score in patients with or without O-CAD. Death/MI occurred in 11 patients (6.5%) and adverse safety events (bleeding, transfusion or acute kidney injury) in 24 patients (14%). Higher MELD score predicted death or MI (2% vs. 14% $p=0.003$) and adverse safety events (7.8% vs. 24.6% $p=0.002$). Patients with O-CAD were less likely to receive LT (46% vs. 15% $p=0.002$), even after adjusting for multiple variables including MELD score (OR=0.2; 95% CI 0.09-0.48). Even after revascularization O-CAD patients had poor odds of LT (OR=0.29; 95% CI 0.09-0.90).

Conclusion: MELD score predicts death and safety events in patients undergoing CA for LT. Patients with O-CAD are far less likely to undergo transplantation with or without revascularization.

Multivariate model for progression to liver transplantation

