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## 054 OUTCOME FOR BILIARY ATRESIA PATIENTS IN A SMALL VOLUME CENTRE.

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**Background:** The importance of case load for outcome in biliary atresia (BA) patients has got much attention. Therefore, we reviewed the results at our small center in order to assess whether treatment of BA should be organized differently.

**Methods:** Data were retrieved from medical charts. The study was approved by the Institutional Review Board.

**Results:** 42 patients (27 girls) were treated for BA 2000-2016. Three died at 18, 26 and 51 months respectively. Follow-up age for those alive is median 95 months (4-194). A portoenterostomy (PE) was performed in 40 at median 54 days (4-145), and two got a primary liver transplantation. Postoperative steroids, antibiotics and URSO were given to 31, 34, 32 children respectively. Six different surgeons performed the PE with a median operative time of 158 min (117-225). There was no per- or 30 days postoperative mortality. After PE, bilirubin normalized in 21/40 (53%). There was a trend for higher clearance rate after 2007 (2000-2006: 36%; 2007-2016: 67%; P=0.059). After PE, 20/40 (50%) have their native liver median 77 months (4-80) after PE, but one is awaiting transplantation. Age at PE did not influence clearance rate of bilirubin (OR: 1; 95%CI: 0,99-1,0; P=0.36). Liver transplantation has been performed in 22 patients at a median age of 7.5 months (5-62), and 20 are alive today.

**Conclusion:** Age at PE was well within accepted limits. Clearance rate after PE in this small center is comparable with those from larger centers, and recent clearance rate is only slightly lower than in centers with the best results.