

LONG-TERM OUTCOMES AFTER KASAI PORTOENTEROSTOMY AT A LARGE REFERRAL CENTER

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Aim of the Study: Present the long-term outcomes of all Kasai procedures performed at our institution over a 15-year period.

Methods: Retrospective review. All Kasai procedures 2001-2015. All patients operated by a dedicated team of 2 surgeons.

Main Results: A total of **96** Kasai procedures were included in the study. Median age at Kasai was 60 (17 to 169) days. Native liver survival (NLS) decreased to $\approx 60\%$ 2y post-Kasai and plateaued thereafter. NLS rates at 1, 2, 3, 5, 8, 10 and 12y were 80/62/59/62/60/70 and 63% (consecutive patients, cohort size decreased with time). Five patients died with native liver: 2 post-successful Kasai (21m / 11y), 3 post-failed Kasai (4/5/7m). To date, 37 (38%) patients required a liver transplant (LTx). Median age at LTx was 13 (4 to 55) months. The vast majority (31/37) of LTx were done before 24m of age. Eleven patients were lost to follow up. Forty-eight patients underwent Kasai at ≤ 60 days of life; 13 required LTx. Forty eight patients underwent Kasai at > 60 days of life; 24 required LTx (13/48 vs. 24/48, $p = 0.03$). Mean TB (mg/dL) 3m post-Kasai was 1.4 (0.1 to 8.4) in the non-transplanted group versus 9.3 (1.1 to 30.5) in the transplanted group ($p < 0.01$). Patients who received steroids ($n=38$) had a median TB at 3m of 1.2 (mean 3.0 [0.1-16.9]) and a LTx incidence of 9/38, whereas patients who did not receive steroids ($n=49$) had a median TB at 3m of 5.6 (mean 7.1 [0.4-30.5]; $p < 0.01$) and a LTx incidence of 25/49; $p=0.01$.

Conclusion: NLS decreased to $\approx 60\%$ by 2y and remained unchanged up to 12y post Kasai. Age at Kasai and postoperative steroids had significant effects on outcomes. TB of ≤ 1 mg/dL 3m post Kasai predicted no need for LTx with 100% accuracy.