

39.8 Paediatric liver transplantation at Queen Mary Hospital

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Aim: To evaluate the results of paediatric liver transplantation in our institution.

Method: Records of 15 children who underwent liver transplantation at our institution are reviewed.

Materials: From September, 1993 to April, 1998, there were 15 liver failure patients (biliary atresia failed Kasai's operation, n=14; drug hepatitis, n=1) who underwent 16 liver transplantation (reduced size liver transplantation, n=3; living related liver transplantation, n=13) with 1 retransplantation for non-specific hepatitis which developed in the transplanted liver. The age of the 7 boys and 8 girls ranged from 7 months to 11 years (median: 11 months). Their body weights ranged from 6 to 25 Kg (median: 6.5 Kg). Their United Network for Organ Sharing Status at the time of transplantation were: stage 4, n=3; stage 3, n=7; stage 2, n=6). The duration of follow-up ranged from 2 to 55 months (median: 28 months).

Results: The graft survival is 94% (15/16), while the patient survival is 93% (14/15). Except for the patient who died of ruptured pseudoaneurysm of the intrahepatic artery, all the other 14 patients have normal liver function. All the living donors were discharged on day 4 to day 7 and returned to their original work.

Conclusion: Liver transplantation is a viable treatment option for liver failure paediatric patients, including patients under 1 year of age.

39.9 Skin banking in Hong Kong—the development and experience in Queen Mary Hospital

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The Queen Mary Hospital Skin Bank ensures proper processing and storage of donated human cadaveric skin for the management of extensive burn injuries. Skin harvesting from cadaveric donors started in 1992 in Queen Mary Hospital and was the earliest skin donation in Hong Kong. A total of 22 skin harvesting procedures were performed from July 92 to May 98 and the banking procedures were refined since April 97. The skin is cryopreserved to retain its viability. Donor selection and exclusion criteria, harvesting procedures, quality control will be discussed. The skin is processed with aseptic techniques in Dulbecco modification of Eagle Minimum Essential Medium (DMEM), glycerol (10% v/v) and gentamicin (40mg/L) for 20 minutes. The skin is double-packed separately for easy identification and retrieval. A control-rate freezer (Forma Scientific CryoMed) is used to properly cooled the skin to -90°C at a rate of -1°C/min. The skin is then stored frozen in a cryopreservation freezer (Forma Scientific Cryopreservation Chest Freezer) at -152°C. The longest possible storage duration is not fully known but a practical balance between storage time and availability of skin donor is more essential. With the enforcement of the Human Organ Transplant Ordinance in 1 April 1998, a central reporting and registry system is established.

Conclusion: The development of skin banking is crucial in providing cryopreserved human donated skin for the management of massive burn injuries.