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1. Transplantation of the Liver,  
Experimental and Clinical.

Experimental and Clinical Heterotopic Liver Homotransplantation.

Karel B. Absolon,\* Patrick F. Hagihara, Ward O. Griffen Jr., Richard

August 25, 1966

C. Lillehei, University of Minnesota, Dept. of Surgery.

The problems of Heterotopic Liver Transplantation in the human infant,  
suffering of biliary atresia will be discussed.

William P. Longmire, Jr., M.D., Chairman  
Conference on Clinical Transplants

Medical Extension Room 1539, Rehabilitation Center

1000 Veteran Avenue, U.C.L.A. Los Angeles, California 90024

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examined. Post mortem histological examination of the grafts

was supplemented with angiographic x-ray studies of the hepatic  
artery the hepatic vein and the portal vein; vinyl plastic casts

of the vessels were also obtained.

Dear Dr. Longmire

Enclosed is the abstract that my colleagues Drs. P. Hagihara,

Ward Griffen Jr., Richard C. Lillehei and I wish to submit for the  
program of your forthcoming conference.

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Sincerely

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Karel B. Absolon, M.D

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KBA:bc

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The liver functions improved in both infants; the death in the  
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anastomosis. In the second patient leakage of bile developed at  
the cholecystojejunostomy which in both infants served for drainage

of bile. Histologically, patterns of rejection were noted in the  
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steroids. The angiographic patterns and vinyl plastic casts showed  
an architecture not different from a normal infant liver.

Karel B. Absolon, 2714 W. 10th Amarillo, Texas

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Experimental and Clinical Heterotopic Liver Homotransplantation.

Karel B. Absolon,\* Patrick F. Hagihara, Ward O. Griffen Jr., Richard C. Lillehei, University of Minnesota, Dept. of Surgery.

The problems of Heterotopic Liver Transplantation in the human infant, suffering of biliary atresia will be discussed.

Objective: The technique of heterotopic liver homotransplantation, previously developed in the dog, was successfully applied in two human infants. In addition to blood chemistries, liver function tests, serum protein patterns and levels of complement were serially examined. Post mortem histological examination of the grafts was supplemented with angiographic x-ray studies of the hepatic artery, the hepatic vein and the portal vein; vinyl plastic casts of the vessels were also obtained.

Procedure: As donors served infants dying of congenital heart disease, maintained by total body perfusion. The donor had performed a splenectomy, anastomosis of the transected left ileac artery to the aortic segment containing the graft hepatic artery and the inferior vena cava of the graft served as outflow tract into the left ileac vein of the donor. The portal vein was ligated in one infant and a porto-caval shunt was performed in the other.

Results: One child survived for eight, the other for thirteen days. The liver functions improved in both infants; the death in the first was due to sudden hemorrhage from disruption of the arterial anastomosis. In the second patient leakage of bile developed at the cholecystojejunostomy which in both infants served for drainage of bile. Histologically, patterns of rejection were noted in the graft which could not be completely aborted with Azathioprine and steroids. The angiographic patterns and vinyl plastic casts showed an architecture not different from a normal infant liver.

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