PC3-023 The experience of everolomus used in the early stage after living donor liver transplantation

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Objectives:
The aim of our study was to review the experience of early usage of everolimus for recipients after adult to adult living donor liver transplantation (A-ALDLT).
Methods:
From February 2012 to December 2012, 80 recipients underwent A-A LDLT. Forty-three of them used everolimus as an adjunct to the calcineurin inhibitors. The primary indications of everolimus usage were HCC (n=39) and poor renal function (n=4). Ten of them were females and 33 were males. The age varied from 39 to 75 year old. The starting date of usage was within one week in 33, two weeks in 9 and one patient was administered on postop 20th day. The initial doses of everolimus were 0.25 mg q12h and increased to 0.5 mg q12h to target the level at 3 to 5 ng/ml. Doppler ultrasound was performed regularly postop 1st, 4th and 14th days.
Results:
During the follow up period from 3 to 15 months, all patients were alive except one died of sepsis at 10th months post LDLT. Most of the patients discharged from the hospital in two weeks. No evidence of wound complication was noted. All the patients showed good patency of hepatic artery without thrombosis. Elevation of lipid profile was noted in 5 patients. Stomatitis was the most frequent side effect and occurred in 15 patients. Three patients developed HCC recurrence.
Conclusions:
The early usage of everolimus was safe and feasible. Further study is ongoing to evaluate the role of everolimus in renal protection and preventio